

Orthotist Referral Form

For use with BD Mitchell Prosthetic and Orthotist Services, and BC Brace and Limb

Fax all required documents to one Orthotist Clinic, as chosen by the patient:		
Patient Cover Sheet <input type="checkbox"/>	Prescription <input type="checkbox"/>	Referral Form <input type="checkbox"/>
BD Mitchell : Fax (250) 754-3300 Phone (250) 754-1442 <input type="checkbox"/>		BC Brace and Limb: Fax (250) 390-3454 Phone (250) 614-4441 <input type="checkbox"/>
Patient name:	Location (Floor/Room/Bed #):	
Patient number:	Unit Phone Number:	
Most Responsible Clinician for orthotist to call: Name/Number (list up to 2):		
Type of brace/orthoses:		
Diagnosis:	Surgery Date (if applicable):	
Height:	Weight:	
Discharge date (if known):		
Fracture/Injury Location:	For spine fracture: (stable / unstable):	

Prescribing Physician:	Phone:
Prescription attached: Yes No	
Payment information (if known): <i>details of payment may be confirmed after time of referral</i>	
Self pay/personal extended benefits <input type="checkbox"/>	Orthotist clinic to call patient for credit card details. For extended benefits: patient pays first and submits receipt for reimbursement
FNHA(Blue Cross) <input type="checkbox"/>	Details to be provided to orthotist by patient
ICBC/WSBC <input type="checkbox"/>	Claim #:
Ministry <input type="checkbox"/>	Patient has ministry funding

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If payment is not obtained through the above methods please invoice NRGH directly by sending a copy of the invoice to Keshia.Keele@islandhealth.ca Proof of non-payment must be included unless there is Manager approval.

Manager Approval (if applicable): Print/Sign: