



**Ron Joyce Children's Health Centre
325 Wellington Street North, Hamilton ON**

**Prosthetics & Orthotics Prescription
Tel: 905-521-2607
Fax: 905-521-2355**

Surname: _____ Given Name: _____

Address: _____ Tel: _____

City/Town: _____ Age: _____ Sex: _____

Date of Birth (yyyy/mm/dd): _____

Date: _____

Out-Patient		Responsible Party's Address & Telephone: (if different than above)					
In-Patient							
Diagnosis:				Sequela:			
Prosthesis		Upper Extremity		Lower Extremity		Neck	Others
Orthosis		L	R	L	R		

PRESCRIPTION:

Referring Physician: _____
(Please Print)

Signature: _____

For an Appointment, Please call:

Ron Joyce Children's Health Centre
Tel: 905-521-2100, ext. 44446
Fax: 905-521-2355

Brantford General
Tel: 519-751-5523
Fax: 519-751-5859

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