

Julie Giroux BSc(OT), OTReg(Ont), CPed(C)
Canadian Certified Pedorthist
Registered Occupational Therapist



Julie Giroux : Orthotics & Pedorthic Services

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REFERRAL / PRESCRIPTION FOR PEDORTHIC SERVICES

**Physician's
Contact Information:**

DATE: _____

Patient name: _____

Date of birth: _____

Phone number: _____

Diagnosis / Reason for Referral:

Service Requested:

- custom-made orthotics
- biomechanical foot assessment and recommendations

DATE

PHYSICIAN'S SIGNATURE

* Please note that a physician's prescription is required for custom-made orthotics