HOME HEALTH CARE PHARMACY

3000 Victoria Avenue, Brandon, Manitoba • 204-727-2483

Patient Information: **Date:** _____

Name: _____ **Phone:** _____

Address: _____

MB PHIN (9 digit): _____ **Date of Birth:** _____

Diagnosis: _____

Treatment: Side: ☐ L ☐ R ☐ Bilateral Use : ☐ Day ☐ Night ☐ Both

Braces & Supports

- ☐ Soft Neck Collar
- ☐ Shoulder Sling
- ☐ Shoulder Support
- ☐ Wrist Brace
- ☐ Finger Splints (Stax, Oval-8, Dynamic PIP)
- ☐ Thumb Spica
- ☐ Tennis Elbow Brace
- ☐ Hernia Support (abdominal)
- ☐ Hernia Belt (inguinal)
- ☐ Abdominal Binder
- ☐ Pregancy Support Belt
- ☐ Sacroiliac Belt
- ☐ LSO Back Brace
- ☐ TLSO Back Brace

Knee

- ☐ Sleeve
- ☐ PFS Sleeve
- ☐ Sleeve w/hinges
- ☐ Immobilizer/Post -Op
- ☐ Functional Ligament Brace

Unloading Brace
☐ Medial ☐ Lateral

Foot

- ☐ Hallux Valgus Splint
- ☐ Plantar Fascitis Splint
- ☐ Insoles
- ☐ Heel Pad
- ☐ Arch Cushion
- ☐ MT Pad
- ☐ Toe Separator
- ☐ Toe Spreader

Compression Garments

- ☐ Knee-High
- ☐ Thigh-High
- ☐ Pantyhose
- ☐ Arm Sleeve
- ☐ Glove/Gauntlet

→ At a compression of:

- ☐ 15-20 mmHg
- ☐ 20-30 mmHg
- ☐ 30-40 mmHg
- ☐ 40-50 mmHg

- ☐ Diabetic Socks
- ☐ Donning Aid

Surgical Bras

- ☐ 15-17 mmHg
- ☐ 17-20 mmHg
- ☐ 20-23 mmHg
- ☐ Mastectomy Bra
- ☐ Lump/Mastectomy Prosthesis
- ☐ Anatomical Compression Belt
- ☐ Lymph Flow Pressure Pad
- ☐ Lymph Flow Breast Shell

Mobility Aids:

- ☐ Cane
- ☐ Crutches
- ☐ Walker (Folding, 2 or 4 Wheeled, Knee)

Reason for second device within two years:
☐ Previous device damaged ☐ Change in condition/diagnosis Other: _____

Physician's Notes: _____

Printed Name: _____ **Billing/License#:** _____

Signature: _____