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

☐ Ankle Brace
☐ Walking Boot

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: _____