

Inpatient spinal bracing request

This form has been created to help coordinate and expedite orthotic treatment as part of the care pathway.

Patient Name		PHN	
Date of Birth		Height	Weight
Phone No.		Email	
Parent / Guardian Contact Name		Is funding in place?	Yes No
Patient Ward / Room		Ward Phone No.	
Physician			
Diagnosis			
Prescribed brace			
Level of injury			
Comorbidities			
Surgical Date			
Pre-Operative Fit Requested	Yes	No	
Wear time protocol	Full-time	Not needed in shower	
	Upright	Other requests:	
Post fit mobilization orders	Standard: 1. fit/don, 2. sit-up/stand to check fit, 3. x-ray to confirm mobilization		
	Other:		
Other Comments			

Note: Please attach Rx to complement request.



COQUITLAM

604.520.7332

Unit 113 – 250 Schoolhouse Street
Coquitlam, BC V3K 6V7

SURREY

604.597.3902

Unit 118 – 12414 82 Avenue
Surrey, BC V3W 3E9

hodgsongroup.ca