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## PLEASE FAX REFERRAL AND ALL APPLICABLE IMAGING AND REPORTS.

PLEASE AFFIX PATIENT LABEL

SIGNATURE HEALTHCARE PROFESSIONAL (print or stamp)

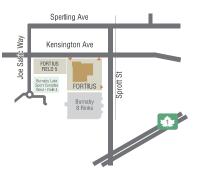
**REASON FOR REFERRAL:** \_

DATE

Physiotherapy
Chiropractic
Massage Therapy
Hydrotherapy
Dietitian

The Lab @ Fortius - Biomechanics
3D Running/Walking Analysis
The Lab @ Fortius - Physiology
Optometry/Performance Vision
Orthotics
Certified Kinesiology

Fortius Sport & Health practitioners will communicate and consult with you in the treatment and care of your patients. We are committed to collaboration with practitioners and specialists throughout BC, Canada and the world.



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