

Patient Name	Doctor
<p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City Province Postal Code</p> <p>_____</p> <p>Phone</p>	<p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City Province Postal Code</p> <p>_____</p> <p>Phone</p>
Insurance company	Policy Details
_____	_____

\$	Medical Devices Provided	<input checked="" type="checkbox"/>	Provide brief description of Medical condition
90.00	1. Infracare Waist belt	<input type="checkbox"/>	
25.00	2. Infracare Cold feet stocking	<input type="checkbox"/>	
38.00	3. Infracare Knee support	<input type="checkbox"/>	
38.00	4. Infracare Elbow support	<input type="checkbox"/>	
25.00	5. Infracare Wrist support	<input type="checkbox"/>	
38.00	6. Infracare Ankle support	<input type="checkbox"/>	

\_\_\_\_\_  
Signature of Health Care specialist,\*  
( Physician, Podiatrist, Chiropracist, Pedorthist, Chiropractor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration No., Credentials, Association  
( If a medical office requires scientific info please contact\*\*)

**Device Description**

1. Health Canada Medical Device licence no : **1931**,
2. **Metal support** dimension: Length 12 - 20 Cms | Width: 1 - 2.5 cms | Thickness: 2.5 mm,
3. **Rigid** High density plastic dimension: Length 23 cms | Width: 5 cms | Thickness: 4.5 mm,
4. Infracare supports are embedded with **Bio material Tourmaline with Pyro-electric properties,\*\***
5. Indicated in Sub acute - Chronic, Sub chronic and supportive conditions.\*\*
6. Canadian patent appl no 2,737,859