



Injury Care and Exercise Inc.
201-7885 6th Street, Burnaby, BC V3N 3N4
Tel (604)553-4000 Fax (604)553-4100 www.bc-ice.com

REFERRAL / REQUISITION FORM

Patient's Name: _____

Diagnosis: _____

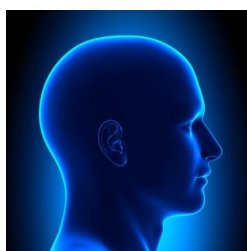
Comments / Contraindications: _____

Physiotherapy Treatment for

- TMD: Myalgia OMT Orofacial Myofunctional Therapy
- Arthralgia
- Disc Displacement
- Limited Opening
- Jaw Locking
- Other: _____

Referring Physician/Dentist: _____ Phone: _____

Signature: _____ Date: _____



HeadWorks

Physiotherapy

Overcoming face and jaw pain

www.headworksphysio.com