


Prosthetic and Orthotic Appliance Requisition

Incomplete Requisitions Will Be Returned

| Requisition Date | | | | | | | |
|------------------|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |

Client Identification

| | | | | | | | | | | | | | | | | |
|-----------------------|-------|---------|--|---|------------------------|-------------|--|---|------------------|--|--|--|--|--|--|--|
| Surname | First | Initial | Start Here  | | Health Services Number | | | | | | | | | | | |
| | | | Birth Month and Year | | | | Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> | | | | | | | | | |
| | | | M | M | Y | Y | Y | Y | | | | | | | | |
| Address | | | | | | | | | | | | | | | | |
| City, Town or Village | | | Province | | | Postal Code | | | Telephone Number | | | | | | | |
| | | | | | | | | | | | | | | | | |

The Client is a Resident of:
 Private Residence ☐ Special Care Home ☐ Private Care Home ☐ Other ☐

Diagnosis and Disability:

Prescription:

Requisitioner Identification

| | | |
|-----------------------------------|------------|------------------|
| Requisitioner Name (Please Print) | Profession | Telephone Number |
| Address | Signature | |
| City, Town or Village | | |
| Postal Code | | |
| Prescriber Number (If Applicable) | | |

Responsible Agency:

Health Canada ☐ Workers' Compensation Board ☐ Veterans Affairs Canada ☐
 Saskatchewan Government Insurance (S.G.I.) ☐ Self ☐ Other _____

Office Use Only

| New <input type="checkbox"/> | Prosthetic <input type="checkbox"/> | Orthotic <input type="checkbox"/> | Repairs <input type="checkbox"/> | Prosthetic <input type="checkbox"/> | Orthotic <input type="checkbox"/> |
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| | | . | | | . |
| Date Completed | Completed By | | Benefit Code | Total Cost | |
| | | | | \$ | |

The above appliances and services have been received:

Client's Signature X _____

**For Sanitary Reasons Goods
Cannot be Returned**

Prosthetic and Orthotic Workshops

SaskAbilities
2310 Louise Ave SASKATOON SK S7J 2C7
Phone: 306-374-4448

Wascana Rehabilitation Centre
2180 23rd Ave REGINA SK S4S 0A5
Phone: 306-766-5731

**Appointments
Are Required**