

Prosthetic and Orthotic Appliance Requisition

Incomplete Requisitions Will Be Returned

Requisition Date								Mailin	
Y	Y	Y	Y	M	M	D	D		

Client Identification

Surname		First	Initial	Health Services Number																					
				Start Here ▶ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
				Birth Month and Year <table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>Inpatient <input type="checkbox"/></td> <td>Outpatient <input type="checkbox"/></td> </tr> </table>										M	M	Y	Y	Y	Y	Inpatient <input type="checkbox"/>	Outpatient <input type="checkbox"/>				
M	M	Y	Y	Y	Y	Inpatient <input type="checkbox"/>	Outpatient <input type="checkbox"/>																		
Address																									
City, Town or Village		Province	Postal Code	Telephone Number																					
				<table border="1"> <tr> <td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td> </tr> </table>													-					-			
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The Client is a Resident of: Private Residence <input type="checkbox"/> Special Care Home <input type="checkbox"/> Private Care Home <input type="checkbox"/> Other <input type="checkbox"/>																									
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**