

CUSTOM & SEMI-CUSTOM KNEE BRACE APPOINTMENTS

Date: _____

Client Name: _____

Client Phone Number: _____

Do you have a doctor's prescription? Yes No

Doctor's Name: _____

Doctor's Phone Number: _____

Which knee is giving you problems? Right Left

Rate severity of pain: _____/10

Type of problem(s). Check all that apply:

Ligament? Meniscus? Osteoarthritis? Other: _____

Where is your pain? Medial (Inside) Lateral (Outside) Back of the Knee

How active are you? Light Moderate Very Active

Is this a Workers Compensation (WCB) or SGI claim? Yes No

If yes, what is your case number / policy number? _____

Who is your contact at Workers Compensation (WCB) or SGI?

Name: _____

Phone Number/Email: _____

Will this be a claim to your insurance company? Yes No What company? _____

Who is your insurance contact?

Name: _____

Phone Number/Email: _____

*WCB, SGI and insurance companies often ask us to send them a quote before ordering the brace.

*Jolly's does not bill to 3rd party insurance companies directly (with the exception of WCB and SGI).

Where did you hear about us? _____

Items to bring to your sizing and fitting appointments: Loose fitting shorts and a copy of your prescription.

Please email, fax or drop off this form and someone will call you to book an appointment.

Sizing and product consultation is by appointment only.

Email: orders@jollysmedical.ca

Fax: 306.525.2560

Phone: 306.522.3833



JOLLY'S STAFF:

Date client was called for a sizing appointment: _____

Date and time of sizing appointment: _____

Date client was called for a fitting appointment: _____

Date and time of fitting appointment: _____

Follow up call date: _____

Comments:

