# Clinical Orthotic Consultants of Windsor, Inc.

Derek Kozar, M.Sc., C.O. (c)

**BY APPOINTMENT ONLY**

Patient: _____ Date: _____

## SPINAL ORTHOSES

- ____ TLSO - Fracture/Surgical
- ____ TLSO - Scoliosis
- ____ LSO
- ____ JEWETT HYPEREXTENSION
- ____ SOFT BOSTON
- ____ Cervical Collar

OTHER: _____

## LOWER EXTREMITY

- ____ SUPRAMALLEOLAR
- ____ AFO
- ____ KAFO
- ____ KNEE ORTHOSIS
- ____ C.R.O.W.

OTHER: _____

## FOOT ORTHOSES

- ____ SOFT
- ____ SEMI-RIGID
- ____ RIGID
- ____ UCBL
- ____ Best Suited

OTHER: _____

## UPPER EXTREMITY

- ____ RESTING WHO
- ____ ELBOW
- ____ SHOULDER

OTHER: _____

## CRANIAL REMOLDING ORTHOSIS

- ____ CRO

OTHER: _____

## Dx

Physician Signature: _____

Clinical Orthotic Consultants of Windsor, Inc.

316-3200 Deziel Dr.
Windsor, ON N8W 5K8
(Just off Central Ave. south of E.C. Row Expressway)
Phone (519) 944-8340 • Fax (519) 944-8360

