



Bio-Electric Response Prescription & Order Form (Fax to: 1-905-633-8637)

Manufacturer and Distributor: [Fintek Bio-Electric INC., 344 Townsend Avenue, Burlington ON](#)
info@fintek.ca www.fintek.ca **1-866-440-5692**

PATIENT INFORMATION

Name _____ Address _____
City _____ Postal Code _____ Date of Birth _____
Phone Number _____

INSURANCE COVERAGE Supplementary Health Motor Vehicle/ Liability Workers Comp

Insc. Company Name _____ Policy No. /ID # _____

Insured _____ Relationship to Patient self Spouse Parent

Carrier _____ Contact _____ Phone No _____

MEDICAL INFORMATION: Date of Injury _____

RISK FACTORS:

- Diagnosis :**(list all that apply)
- Non Union
 - Delayed Union
 - Pseudarthrosis
 - Early Attention (Risk Factor/Complex)

- Smoker
- Diabetes
- Infection
- Osteoporosis
- Obesity
- Arthritis
- Bone Depleting Meds
- Tissue /Vascular Damage
- Comminuted
- Spiral
- Segmental
- Other

Proximal Distal Mid-Shaft

Grade of Injury

Circumference Measurement _____

Open/Compound Closed

1 2 3a 3b 3c

Right Left

Humerus Tibia Clavical Radius Fibula

Metatarsal Ulna Ankle Metacarpal Femur

Wrist Tarsal Phalanx Scaphoid Other _____

Fixation: Cast Walking boot Pins Plate & Screws IM Nail Ex-Fix

Date(s) of Surgery & Procedure _____

Prescription For: Fintek Bio-Electric Response Bone Growth Stimulator, 3 hours per day over fracture site.
No Substitutions. Medically Necessary, Durable Medical Equipment.

Prescribed by: _____ Date: _____

