



Viscosupplementation for Knee Osteoarthritis Referral Form

Please fax completed referral form to **1-877-883-3301**

Referring MD/NP Information:

MD/NP Stamp & Billing #

Patient Contact Information:

For Patient Label

Requirements for a patient to be considered an appropriate candidate for Viscosupplementation injections:

- Wishes for an interventional alternative therapy for knee osteoarthritis**

Please Include:

- Patient medical history, any relevant imaging, and consult notes**
- Confirmation of private health coverage or willingness to cover cost of \$450.00 for Viscosupplementation treatment if applicable**

Other Information:

- Most submitted claims, from across Canada, that meet the Health Canada indication have been approved for coverage by private insurers

Physician/Nurse Practitioner Signature:

Billing #:

Date:

**CPM Centres for Pain Management
Central Intake Department**

Head Office: 9-6400 Millcreek Drive, Mississauga, ON, L5N 3E7
P: 905 288-1022 TF: 800 265-3429 Ext 1022 F: 905 858-0111 TFF: 877 883-3301