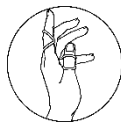


THE BEAUTIFUL SPLINT COMPANY CIC

Please arrange for your Occupational Therapist, Physiotherapist etc to complete this form to order bespoke splints from The Beautiful Splint Company. Please post to [The Beautiful Splint Company CIC, c/o York School of Jewellery, 35 Hospital fields Road, York, YO10 4DZ](#) or email to thebeautiful.splintcompanycic@gmail.com A copy should be retained by the professional concerned.

PATIENT DETAILS

NAME	DATE OF BIRTH
TELEPHONE NUMBER(S)	
EMAIL	
ADDRESS	
DIAGNOSIS	
RELEVANT MEDICAL HISTORY	
DESCRIPTION OF ISSUE REQUIRING SPLINTS:	
HISTORY OF USE OF SPLINTS, INCLUDING ANY PROBLEMS	



THE BEAUTIFUL SPLINT COMPANY CIC

DESCRIPTION OF SPLINTS REQUIRED

ANY ADDITIONAL RELEVANT INFORMATION

PRESCRIBER DETAILS

NAME

ORGANISATION

JOB TITLE

TELEPHONE NUMBER

EMAIL

ADDRESS

DECLARATION:

I confirm that the above information is accurate. I will provide any additional details required to make and fit the splint/s. I understand that I will be required to assess and approve the final fit of the splint/s and advise on the frequency and duration of use. Any additional sheets showing measurements and design of splints should be attached to this document.

SIGNED

DATE

