



THE BEAUTIFUL SPLINT COMPANY CIC

Prescription form for use by healthcare professionals when ordering splints. Please complete and sign the form retaining a copy for your records. Email the signed form to thebeautiful.splintcompanycic@gmail.com
Or post to The Beautiful Splint Company CIC, c/o York School of Jewellery, 35 Hospital fields Road, York, YO10 4DZ

PATIENT DETAILS

ORDER NUMBER (BSC use)

| | |
|---|---------------|
| NAME | DATE OF BIRTH |
| TELEPHONE NUMBER | |
| EMAIL | |
| ADDRESS | |
| DIAGNOSIS AND ANY RELEVANT MEDICAL HISTORY | |
| DESCRIPTION OF ISSUE REQUIRING SPLINTS | |
| HISTORY OF USE OF SPLINTS, INCLUDING ANY PROBLEMS | |
| DESCRIPTION OF SPLINTS REQUIRED | |

BSC continuation of splint prescription for .

Order number

ANY OTHER RELEVANT INFORMATION

ADDITIONAL SHEETS SHOWING MEASUREMENTS AND DESIGN OF SPLINTS SHOULD BE ATTACHED TO THIS DOCUMENT.

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 approve the final fit of the splint/s and advise on the frequency and duration of use.

SIGNED

DATE