



LEICESTERSHIRE & RUTLAND Panel

0845 1300 456 (National Phone Contact)

c/o Graham Law, Secretary

126 Leicester Rd, Thurcaston, Leicester, LE7 7JJ

www.remapleics.org.uk

Case Sheet

Referral No: LR /

Client:

Note to Engineer: Please give a signed copy of this form to the Panel secretary, Client and Referrer

This section to be completed by the client or their carer

I acknowledge receipt of the Information Leaflet /and Special Instructions for this device.

Signed *client / carer* Date.....

Note to referrer, user, and carers: If this device is unsuitable please contact Remap immediately.
This device is for the exclusive use of above named client.

Special instructions:

Project Solution – (attach any sketches, photos, etc)

Risks for this case are assessed as High/Medium/Low. Where appropriate, a full Risk Assessment form is attached.

I confirm that a signed copy of this document has been left with the client & referrer.

Device delivered on

Date:

Signed by REMAP Volunteer:

Date: