

# Instruction form Custom-made device

 HD Rehab's order number:  
 (Filled in by HD Rehab)

## IMPORTANT!

- **Always** contact HD Rehab before preparing the instructions for a customization.
- Carefully read the "Information about custom-made devices", before filling in the form.
- This instruction form may be issued only by a physician or other authorized person.

<b>Instructions have been prepared by</b>	<b>The customer's case number:</b>
Name	Title
Care unit	Phone, working hours

## Contact at HD Rehab

Name
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## Patient who will use the device

(The product may be used only by this person)

Name
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## Product to be customized

Product		
Type name *	HD Rehab's art.no. *	Possible serial number **

\* To be completed by HD rehab    \*\* The wheelchair's serial number is only mentioned if the special adaption will be performed on an existing wheelchair.

## Purpose of the customization

Describe in as much detail as possible what should be achieved in terms of function of the product. Also describe any problems the patient has and why a standard product does not work. Please attach drawing, sketch or similar as well as images that clarify the problem and/or, if available pictures of existing medical aid.

Please write on a separate sheet and attach, if the text does not fit here.
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## Risk analysis

Please indicate whether you believe that there may be increased risks to the customized product compared with a product in the standard version. Please include a risk analysis.

Please write on a separate sheet and attach, if the text does not fit here.
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## Signature

Date och signature
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