



If you have any concerns please call:  
**02476 966909**

# Fracture Clinic Outpatient leaflet

For the attention of: .....

Date: .....

Patient details: .....

Seen at clinic by: .....

Elevation above heart level

X-Ray - MRI

Weight bearing – non-weight bearing

Remove daily to check/clean skin

Type of dressing

Next clinic appointment .....

Treatment plan: .....

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Would dressing change/regime: .....

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An additional dressing has been given to patient

Patient written/verbal information given:

Smoking

Plaster care

Nutrition

Other comments: .....

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