

Kingston Plaster Room

Casting request / Instructions for Plaster Technician
From A/E Minors, A/E Peads, A/E review, Ward _____

Date _____ Time _____

TREATMENT REQUIRED

Please circle as appropriate

Removal of Plaster

Change of plaster

Completion of plaster

Please apply Backslab / Full cast on (L / R)

Above Elbow

Below Elbow

Scaphoid cast

Long leg cast

Cylinder cast

Below knee cast W.B. / N.W.B. Delete as appropriate

Sarmiento cast

Please

Bivalve Split Trim Complete Window Other (Specify) Wound Check

Special Instructions

Check X-ray after treatment YES / NO Delete as appropriate

Doctors Signature..... Bleep Number.....

Patient Details
Name
D.O.B.
Hospital Number
Nature Of Injury