

Date: _____

Mr/Ms/Mrs. _____ requires hip protectors as he/she is walking at risk and there is a concern for falls. Hip protectors have been recommended to minimize risk of injury should your family member fall. Wearing hip protectors allow your family member to retain their independence while ensuring safety.

Attached to this letter, you will find a brochure on hip protectors as well as a list of medical vendors from which this item can be purchased. Should you have any questions, please do not hesitate to contact the Occupational Therapist on this unit.

Sincerely,

Occupational Therapist
Phone: 585-5675
OT Pager: _____

Surrey Memorial Hospital
Fraser Health Authority

Occupational Therapy Department
13750 96th Avenue
Surrey , BC
V3V 1Z2 Canada

Phone (604) 585-5675
Fax (604) 585-5568
www.fraserhealth.ca

Printshop #262590



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