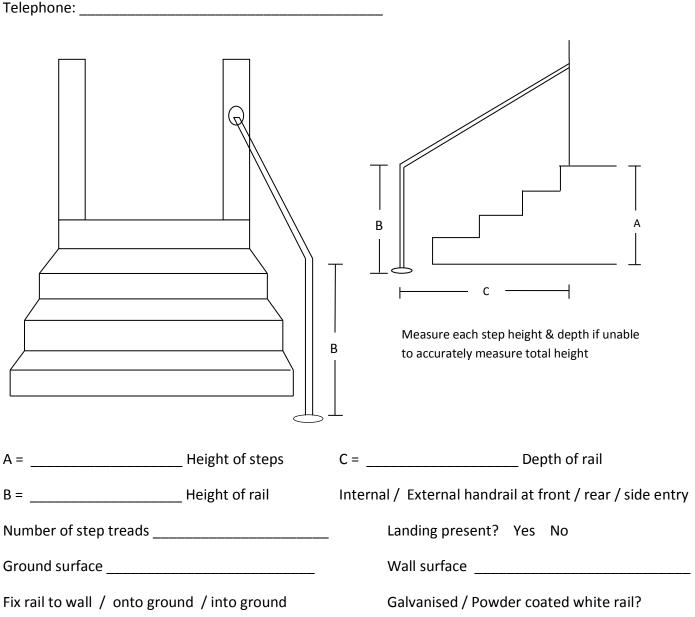
## **Custom handrail**

Client name

Address: \_\_\_\_\_\_



- All measurements in mm
- Placement of home modifications may vary according to existing building material. Please contact therapist if position • or dimensions vary significantly from diagram.
- If this request is outside Australian Standard 1428.1 2009, clinical justification will take priority when signed by the • referrer below.

|--|

Occupational Therapist

Signature \_\_\_\_\_

