



GIG
CYMRU
NHS
WALES

Cyd-bwyllgor
Comisiynu
Joint Commissioning
Committee

**ALL WALES POLICY FOR MAKING
DECISION ON INDIVIDUAL
PATIENT FUNDING REQUESTS
(IPFR)**

REQUEST FOR A REVIEW OF THE IPFR PROCESS APPLICATION FORM

Please complete the following information, expanding the boxes as required. Please post or email the signed form to the Patient Care Team. All forms must to be typed to avoid mistakes due to misreading of handwriting.

DETAILS OF CLINICIAN REQUESTING THIS REVIEW (must be original requesting clinician)	
NAME	CONTACT DETAILS
SIGNATURE AND DATE	
PATIENT DETAILS	
PATIENT NAME	PATIENT ADDRESS
DATE OF BIRTH	
PATIENT NHS NUMBER	
SIGNATURE & DATE	
REQUEST DETAILS	
CLEARLY EXPLAIN <u>THE GROUNDS</u> FOR YOUR REVIEW REQUEST AS SET OUT IN SECTION 8 OF THE IPFR POLICY AND THE REASONS WHY.	PROVIDE THE IPFR NUMBER
	PROVIDE THE DATE THE IPFR PANEL CONSIDERED AND DECLINED THE ORIGINAL REQUEST
OUTLINE ANY FURTHER INFORMATION RELEVANT TO THIS REQUEST THAT YOU FEEL THE REVIEW PANEL SHOULD CONSIDER	

Please return completed form to:

Individual Patient Funding Request Manager
Joint Commissioning Committee (JCC)
Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd, CF37 5YL
Email: nwjccipc@wales.nhs.uk