

# CASE REPORT COVER SHEET

*This completed Cover Sheet is to be returned to the Faculty of Pain Medicine with the Case Report.*

**Trainee:** \_\_\_\_\_

**Supervisor of Training:** \_\_\_\_\_

**Title of Case Report:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Name of Supervisor of Training**

\_\_\_\_\_  
**Pain Management Centre**

\_\_\_\_\_  
**Signed by Supervisor of Training**

\_\_\_\_\_  
**Signed by Trainee**

*Please ensure that all instructions as outlined in Section 1.1 Submission of a Case Report have been complied with prior to the submission of the Case Report.*

## CASE REPORT COVER SHEET

*This completed Cover Sheet is to be returned to the Faculty of Pain Medicine with the Case Report.*

**Title of Case Report:** \_\_\_\_\_

\_\_\_\_\_

**Word Count:** \_\_\_\_\_

**Supervisor of Training to indicate the methodology used by the trainee for sourcing references:**

*(please do not mention the name of the Supervisor of Training, Trainee or Pain Management Centre on this page)*

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*Please ensure that all instructions have been complied with prior to the submission of the Case Report.*