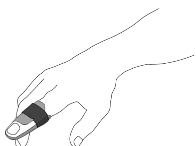
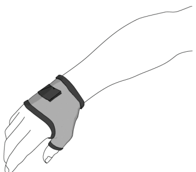




Patient Referral

Patient Name   Date of Birth

Address

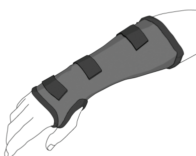
Telephone

Private Health Cover? (Please Circle)   Yes   No

Membership Number

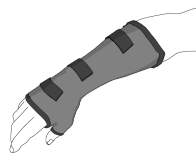
W/C   MVIT

Claim Number



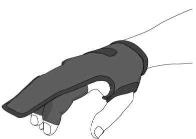
Diagnosis

Treatment



Splint Required

Precautions / Special Instructions



Surgical Specialist On Referral Required?   Yes   No

Referring Doctor   Date

Phone 9284 5885   Fax 9284 5884   Email therapy@inhand.net.au   www.inhand.net.au

Claremont

Unit 4, 44 Barnfield Road
Claremont
Phone 9284 5885

Midland

3/401 Great Eastern Hwy,
Midland 6056
Phone 9284 5885

Appointment

Date

Time

inhand
occupational
therapy