



Print Definitions: A4 General Referral

Medical Director

Print Options [X]

Printer setup | Script setup | Drug sheet | **Imaging** | Requests | Recall sheet | Other

Provider: High Street X-Ray [v] New

☐ Use as default ☐ Use plain paper form

Font: Arial [v] Size: 10 [v]

Layout

All measurements are in millimetres.

	From Left	From Top		From Left	From Top
Patient's Name:	<input type="text" value="15"/>	<input type="text" value="40"/>	Doctor's Name:	<input type="text" value="15"/>	<input type="text" value="126"/>
Patient's Address:	<input type="text" value="15"/>	<input type="text" value="52"/>	Doctor's Address:	<input type="text" value="15"/>	<input type="text" value="130"/>
Patient's D.O.B.:	<input type="text" value="140"/>	<input type="text" value="40"/>	Doctor's Provider No.:	<input type="text" value="90"/>	<input type="text" value="130"/>
Medicare Number:	<input type="text" value="15"/>	<input type="text" value="65"/>	Doctor's Phone:	<input type="text" value="25"/>	<input type="text" value="140"/>
Chart Number:	<input type="text" value="150"/>	<input type="text" value="60"/>	Date Printed:	<input type="text" value="180"/>	<input type="text" value="130"/>
Phone Number:	<input type="text" value="140"/>	<input type="text" value="52"/>	Copy To:	<input type="text" value="140"/>	<input type="text" value="140"/>

	From Left	From Top	Width	Lines
Request:	<input type="text" value="15"/>	<input type="text" value="80"/>	<input type="text" value="145"/>	<input type="text" value="3"/>
Reason:	<input type="text" value="15"/>	<input type="text" value="95"/>	<input type="text" value="145"/>	<input type="text" value="6"/>

☒ Display default reason list

Reset Defaults

Save Cancel