

Patient Record



**Therapist
Support
Laboratory**

PO Box 1022
Collingwood, Victoria, 3066
Tel: 03 9421 2880
Fax: 03 9421 1335
Website: www.tslaustalia.com.au
Email: tsl@tslaustalia.com.au

Date _____

Patient Details

M F

Name: _____

Address _____

Phone No _____

Diagnosis _____ DOB _____

Payment Details

Hospital _____ Order No _____

Dr/Surgeon _____ OT/Physio _____

Private

Cheque Credit Card

No: ----- Exp: -- / --

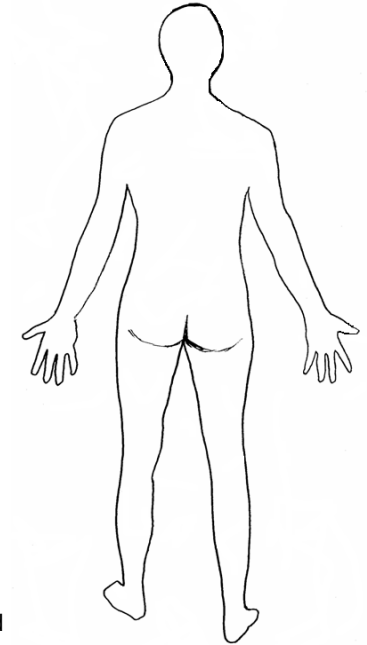
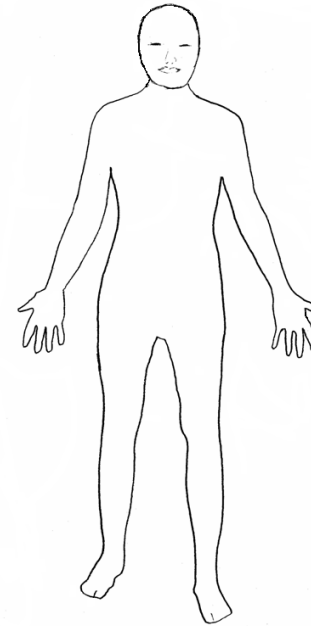
Insurance Details

Insurance Company _____

Claim No _____

Employers Name _____

Date of Injury _____



For burn patients
ONLY
indicate areas
affected by burn and
skin grafts

Additional Comments

Delivery Address _____
