

PRINT DEFINITIONS: A4 GENERAL REFERRAL BEST PRACTICE

Layout details

Layout name: High St Xray

	Top	Left		Top	Left
Patient name:	41	15	Doctor name:	128	13
Patient address:	52	15	Doctor address:	133	20
Patient D.O.B.:	44	140	Provider No.:	130	88
Patient sex:	41	120	Copies to:	141	133
Patient Medicare No.:	66	15	Request date:	133	180
Patient DVA No.:	66	70	Request ID:	44	180
Patient Phone No.:	56	140	Patient Mobile No.:	56	175

	Top	Left	Width	Height
Requested tests:	79	5	170	10
Clinical details:	94	5	170	25

All measurements are in mm from the top, left corner of the page.

Save Cancel



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