ULL	General Practitioner Date of Service	/	/	
IAME	DD / MM / YY	/	/	
NATE OF BIRTH / /	DESCRIPTION OF SERVICE	ITEM NO.	Х	AMOUNT CLAIMED
DDRESS	Consultation Level B	23	X	•
				·
File number				
Description of requested pathology				* * * •
I certify that I have received the services described on this voucher, or, the Practitioner has requested Pathology tests for me. I am not entitled to claim third party or worker's compensation for these services.	Number of kilometres travelled Name of Hospital or Residential Aged Care Facility and/or facility ID			
Patient's Signature				tial Aged
Or I certify – The patient is unable to sign The service is associated with an emergency	(if other than rooms) Condition treated (White card holders and emergencies only	Hospital	Care Fac	cility
Provider's Signature	Name of Practitioner who rendered the services	y)		Practitioner use
1216G (08/10) – ORIGINAL – Department copy				
PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT TO SIGN ULL IAME	Australian Government Department of Veterans'. General Practitioner	Affairs	rvice Vou	cher
ATE OF BIRTH / /	DD / MM / YY DESCRIPTION OF SERVICE	ITEM NO.	/ X	AMOUNT CLAIMED
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I certify that I have received the services described on this voucher, or, the Practitioner has requested Pathology tests for me. I am not entitled to claim third party or worker's compensation for these services.	Number of kilometres travelled Number of Patients attended			
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PLEASE COMPLETE THIS FORM ONLINE AND THEN PRINT TO SIGN	General Practitioner	Treatment Se	rvice Vou	cher
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compensation for these services.	Name of Hospital or Residenti	al Aged Care Facili	ty and/or facili	ity ID
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Patient's Signature Or I certify – The patient is unable to sign with an emergency	(if other than rooms)			cility
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