

Template Fields

- [-] Addressee
 - ... Address
 - ... Address Line 1
 - ... Address Line 2
 - ... Address Line 3
 - ... City
 - ... E-mail
 - ... Fax
 - ... Full Address
 - ... Full Details
 - ... Greeting
 - ... HPI-I
 - ... HPI-O
 - ... Name
 - ... Phone
 - ... Phone (After Hours)
 - ... Phone (Mobile)
 - ... Postcode
 - ... Specialty
 - ... State
- [-] Clinical Details
 - ... Alcohol
 - ... Allergies/Adverse Reactions
 - ... Antenatal History
 - ... Antenatal Visits
 - ... Blood Group
 - ... Cervical Screening
 - ... Current Antenatal Visits
 - ... EDC
 - ... Family History
 - ... Gravida
 - ... History List
 - ... Immunisation List
 - ... LNMP
 - ... Measurements
 - ... Measurements (Selected)
 - ... Medication List
 - ... Parity
 - ... Past Obstetric History
 - ... Pregnancy Pathology Result
 - ... Prescription List
 - ... Recalls
 - ... Smoking
 - ... Smoking Quitting Stage
 - ... Social History
 - ... Warnings
- [+] Doctor
- [+] Head of Family
- [+] Mail Merge
- [+] Miscellaneous

Template Fields

- ⊕ Addressee
- ⊕ Clinical Details
- ⊖ Doctor
 - ... Address
 - ... Address Line 1
 - ... Address Line 2
 - ... City
 - ... E-mail
 - ... Fax
 - ... Full Address
 - ... Full Details
 - ... HPI-I
 - ... Name
 - ... Phone
 - ... Postcode
 - ... Prescriber Number
 - ... Provider Number
 - ... Qualifications
 - ... State
- ⊖ Head of Family
 - ... Address
 - ... Address Line 1
 - ... Address Line 2
 - ... Address Line 3
 - ... City
 - ... Full Address
 - ... Full Details
 - ... Full Name
 - ... Greeting
 - ... Parent/Guardian
 - ... Postcode
 - ... Son/Daughter
 - ... State
- ⊕ Mail Merge
- ⊕ Miscellaneous
- ⊕ Operation
- ⊕ Patient Demographics
- ⊕ Practice/Location
- ⊕ Procedure
- ⊕ Summary
- ... User Defined

Template Fields

+

Addressee

+

Clinical Details

+

Doctor

+

Head of Family

-

Mail Merge

- Recall Date
- Recall Date (actual)
- Recall Date (short)
- Recall Doctor
- Recall Reason

-

Miscellaneous

- Counter
- Current User
- Date
- Date (long)
- Date (short)
- Practice Letterhead
- Time
- User Letterhead

+

Operation

+

Patient Demographics

+

Practice/Location

+

Procedure

+

Summary

- User Defined

Template Fields

- + Addressee
- + Clinical Details
- + Doctor
- + Head of Family
- + Mail Merge
- + Miscellaneous
- Operation
 - Admission Comments
 - Admission Date
 - Admission Type
 - Adverse Events
 - Adverse Events Comments
 - ASA Grading
 - Bed No
 - Clinical Comments
 - CoMorbidity
 - Complication Follow Up
 - Complications
 - Days in ICU
 - Discharge Date
 - Discharged To
 - Facility
 - Final Diagnosis
 - Insurance Status
 - Length of Stay
 - Operation as Expected
 - Operation Status
 - Pathological Diagnosis
 - Planned Procedures
 - Presenting Problems
 - Previous Procedures
 - Procedure Sub-report - Practice
 - Procedure Sub-report - Supplier
 - Procedure Sub-report - User
 - Proposed Operation Date
 - Sentinel Events
 - Sentinel Events Comments
 - UR No
- + Patient Demographics
- + Practice/Location
- + Procedure
- + Summary
 - User Defined

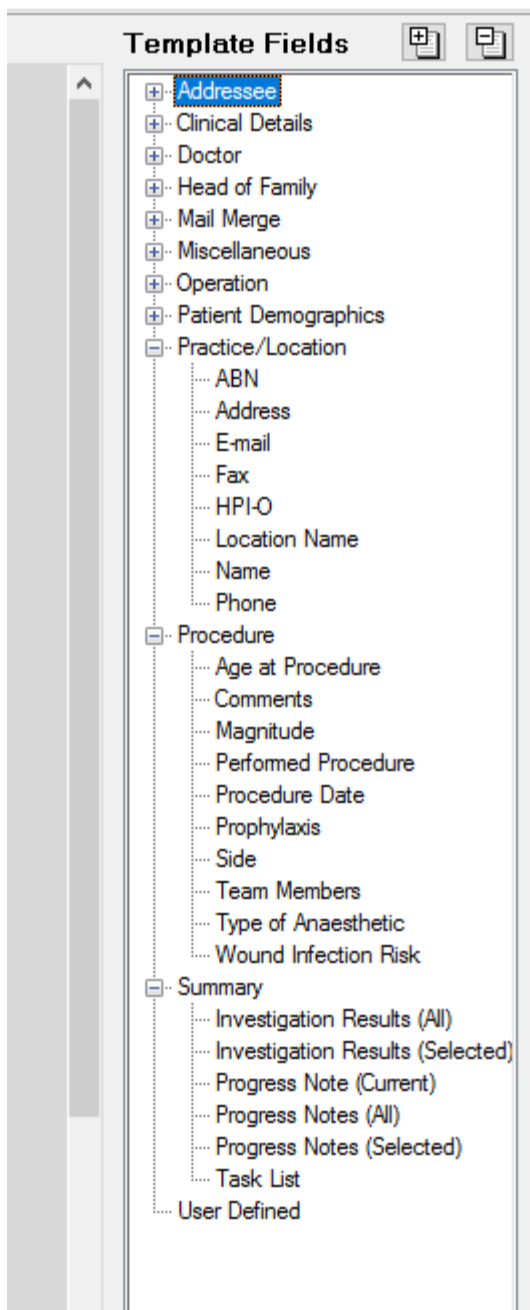
Template Fields

- Patient Demographics

- Address
- Address Line 1
- Address Line 2
- Address Line 3
- Address Postal
- Address Postal City
- Address Postal Line 1
- Address Postal Line 2
- Address Postal Line 3
- Address Postal Postcode
- Address Preferred
- Address Preferred City
- Address Preferred Line 1
- Address Preferred Line 2
- Address Preferred Line 3
- Address Preferred Postcode
- ADF Service
- Age
- ATSI
- City
- Country of Birth
- Custom 1
- Custom 2
- Custom 3
- DOB
- DOB (long)
- DVA Number
- E-mail
- Emergency Contact
- Emergency Contact Address
- Emergency Contact Phone
- Emergency Contact Relation
- Ethnicity
- First Name
- Full Address
- Full Address Postal
- Full Address Preferred
- Full Details
- Full Name
- Gender
- Greeting
- he/she
- Health Insurance
- him/her
- his/her

Template Fields

- Full Address Preferred
- Full Details
- Full Name
- Gender
- Greeting
- he/she
- Health Insurance
- him/her
- his/her
- IHI
- Known As
- Language Preferred
- Language Spoken
- Marital Status
- Medicare Expiry Date
- Medicare Number
- Middle Name
- Next of Kin
- Next of Kin Address
- Next of Kin Phone
- Next of Kin Relationship
- Notes
- Occupation
- Patient Photo 1 (80 x 80)
- Patient Photo 2 (150 x 150)
- Patient Photo 3 (Full Size)
- Pension Number
- Phone (Home)
- Phone (Mobile)
- Phone (Work)
- Postcode
- Record Number
- Referral Date
- Referral Doctor
- Referral Doctor Address
- Referral Doctor Phone
- Requires Interpreter
- State
- Surname
- Title
- Transgender
- Year of Arrival in Australia
- + Practice/Location
- + Procedure
- + Summary
- User Defined



EXISTING TEMPLATE

New

User Defined

Supplied

Summaries

Search Templates:

medical cert

Clear

Blank Letter

Blank Template

ANY DR. CENTRELINK MEDICAL CERTIFICATE (Argus)

ANY DR. CENTRELINK MEDICAL CERTIFICATE New

ANY DR. MEDICAL CERTIFICATE

ANY DR. CENTRELINK MEDICAL CERTIFICATE Barcode

Medical Certificate of Cause of Death - TBC

D

D

D

D

Rename

Delete

Filter

☒ All Users

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Personalised templates

and

Shared templates

OK

Cancel

Preview Template

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SLMC

Saint Luke's Medical Centre

Private Ltd

Visit Location:

Suburb: 20402 Gray Street

Trairagon VIC 3046

Tel: (03) 2173 9000

www.saintlukesmedical.com

ABN: 57 600201 002

Postal Address:

P.O. Box 1000

Trairagon VIC 3046

Fax: (03) 2173 9050

Medical Certificate

This is to certify that <<Patient DemographicsFull Name>>

is unfit for usual daily activity on

<<from date>> to <<to date>> inclusive,

due to a medical condition

This Certificate was completed on <<All Isotaneous Date>>

<<DoctorName>>

<<DoctorQualifications>>

<<DoctorProvider Number>>

Preview Template

...where your health is the heart of our service™



Saint Luke's Medical Centre Pty Ltd

Visit Location:

Suite 2 / 33-35 Grey Street
Traralgon VIC 3844
Tel: (03) 5173 6464

Postal Address:

P.O Box 1206
Traralgon VIC 3844
Fax: (03) 5173 6450

www.saintlukesmedical.com

ABN: 97 698 581 980

Medical Certificate

This is to certify that <<Patient Demographics:Full Name>>

is unfit for usual daily activity on

<<from date>> to <<to date>> inclusive,

due to a medical condition

This Certificate was completed on <<Miscellaneous:Date>>

<<Doctor:Name>>

<<Doctor:Qualifications>>

<<Doctor:Provider Number>>

rt

×

Save in: Documents

Name

Date modified

Type

BDO

23/08/2023 3:47 PM

File folder

Custom Office Templates

16/06/2022 6:04 PM

File folder

DanielJaziel

15/11/2022 9:23 AM

File folder

MYOB

22/11/2022 9:02 AM

File folder

File name: ExportMedicalCertificate-TEST

Save

Save as type: HTML Format (*.htm;*.html)

Cancel

☐ Always open to this folder?

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LMC

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<<Doctor:Qualifications>>

<<Doctor:Provider Number>>

Exported in RTF then Open in RTF. This is how it looks like. Very good if we can IMPORT the EXPORTED Templates to RTF or HTML then IMPORT into cLiRx. Make it easier to convert them all the existing Templates and convenient. SOMETHING to think about.

Name in RTF

Documents				
		Search Documents		
<input type="checkbox"/>	Name	Date modified	Type	Size
<input checked="" type="checkbox"/>	MedicalCertTEMPLATE-test-xport	14/11/2023 11:22 AM	Rich Text Format	33 KB

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3844

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