

Patient Referral

Claim Reference: QA03429

(Patient copy to present to Referred Provider)

Referral Information

Type of treatment referred for:	Physiotherapy
Suggested treatment:	Require treatment for wrist injury

Note that ACC contribution for the cost of this referral is dependant on acceptance of the claim. To confirm the status of the claim, please contact the Provider Helpline on 0800 222 070.

Patient Details

Name	A B Sample
Date of birth	11-Feb-1986
Gender	Male
NHI number	HUX8660
Ethnicity	New Zealand European / Pakeha
Home phone	09 9999999
Mobile phone	025 0000000
Home address	52 Sampley Street, Sampleville, Auckland, 1149
Postal address	52 Sampley Street, Sampleville, Auckland, New Zealand

Injury Diagnosis

Date of accident	06/03/2013
Diagnosis code description	Contusion wrist or hand (SE32.) Side
Diagnosis comments	Diagnosis comments here....

Referring Provider Details

Dr X Y Test
The Practice
123 123 AnywhereButHere Place
Suburbia
Auckland
303 1806