

CTC-7 REFERRAL FORM

Email or post this completed form to Medi-Rent and a member of our team will contact you to complete your order.
info@medirent.com.au



1. PATIENT DETAILS

Patient Name

Patient Address

Contact Number

Email

DOB

2. ORDER DETAILS

Required delivery date

Surgery date

Surgeon

Hospital

Deliver to

Hospital

Patient Address

Garment Required

Knee

Back

Shoulder

Ankle

Hip (R)

Hip (L)

3. BILLING INFORMATION

Who is paying?

Patient Funded DVA Card no.

Workcover Claim no. Provider

FEATURES

- Reduces swelling and inflammation around the surgical site
- Single-patient garments for improved infection control
- Flexible rental period
- Cold, heat or contrast therapy modes to meet your therapeutic goals of recovery



PH: 1300 726 666