

**MEDICAL DIRECTOR PARAMETERS FOR USE WITH
QUEENSLAND VASCULAR DIAGNOSTICS PTY LTD PRO-FORMA**

		From Left	From Top
Patient Name		95	64
Patient Address		95	83
Patient DOB		95	73
Medicare Number		95	100
Phone Number		95	110
Request	Width 75	110	130
	Lines 12		
Reason	Width 75	110	180
	Lines 6		
Doctors Name		95	235
Doctors Address		95	243
Provider Number		95	264
Phone Number		95	267
Date Printed		155	272
Copy to		170	276