

BIOARTERIAL PLUS 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

1. Courier to: Patient
 (Fees apply)

Address

Contact Number

Email

DOB

2. ORDER DETAILS

Date Requested

Clinician

Phone No.

2. Courier to: Clinician's address
 (Fees apply)

Size Required (See chart below)

Narrow Standard Wide

3. BILLING INFORMATION

Who is paying?

Client

Hospital -----

DVA File no. -----

Home Care Package Provider -----

NDIS Participant no. -----

Plan Manager -----

Invoicing email address

4. MEASUREMENT

Bio Arterial garment sizing chart	
Size	Calf Max. Circumference (cm)
Narrow	44cm
Standard	52cm
Wide	70cm



PH: 1300 726 666