

EQUIPMENT RENTAL REQUEST: OSTEOTRON

Email the completed form to info@medirent.com.au and a member of our team will call you to complete your order. Keep a copy for yourself for referrers recommended settings.

1. ORDER DETAILS

Required Delivery Date

Surgeon/ Physio

Signature

Only reqd for insurance

Provider No.

Phone No.

2. PATIENT DETAILS

Patient Name

Address

Home phone

Mobile

3. DEVICE

Your surgeon or therapist must complete this section for your prescribed settings.

STANDARD SETTINGS

The following settings are programmed unless 'optional settings' is selected.

Power Setting 30mW/cm²

Pulse Frequency 1000Hz

Session Time 20 mins

Probe Frequency 1.5MHz

OR:

OPTIONAL SETTINGS

Power Setting 45mW/cm²
 60mW/cm²

Pulse Frequency 100Hz

Session Time 30 mins

Have you shown your patient where and how to place the OSTEOTRON probe?

Body area required for treatment:

4. BILLING INFORMATION

Who is paying?

Hospital Client Insurance Workcover

5. CLAIM INFORMATION

If you are claiming this equipment through Workcover or private health insurance, please make a second copy of this form to send to the relevant agency.

Insurance / Provider

Claim No.

Phone No.

Contact Name

Address

Email

Request Approval Received?

Yes No

Received By: Email

Fax Letter

PH: 1300 726 666