



Queensland Government

Wide Bay Hospital and Health Service
Bundaberg & Rural Health Service

**Private Practice Request For
Procedure To Be Completed At
Public Hospital**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

**This form must be completed by the Private Practice when requesting
a procedure to be completed at a Public Hospital of the Wide Bay Hospital & Health Service.**

**The form can be faxed to the Public Hospital
or given to your patient to bring with them when presenting to the Public Hospital.**

Requesting Private Practice Details

Private Practice Name:

Address:

Phone/Fax:

Requesting Doctor:

Provider Number:

Patient Details

Patient Name:

Address:

D.O.B.:

Requesting Procedure Details

Procedure Required:

Date Required:

Medicare Item Number:

Additional Information

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Public Hospital Use Only

Upon completion of the procedure, please forward this form to Administration Officer of the Public Hospital

DO NOT WRITE IN THIS BINDING MARGIN

PRIVATE PRACTICE REQUEST FOR PROCEDURE

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