



PATIENT DETAILS				
Name and personal identit	y code			
CUSTOMED DETAILS				
CUSTOMER DETAILS				
Name and address				
Customer number		Talanhana numbar /f	or questions concerning the referral)	
Customer number		relephone number (	or questions concerning the reterral)	
SAMPLE DETAILS		•		
Time (date, time of the clo	ck)			
Examinations ordered				
More information/response	9			
Date	Signature of sender		Name in block letters	