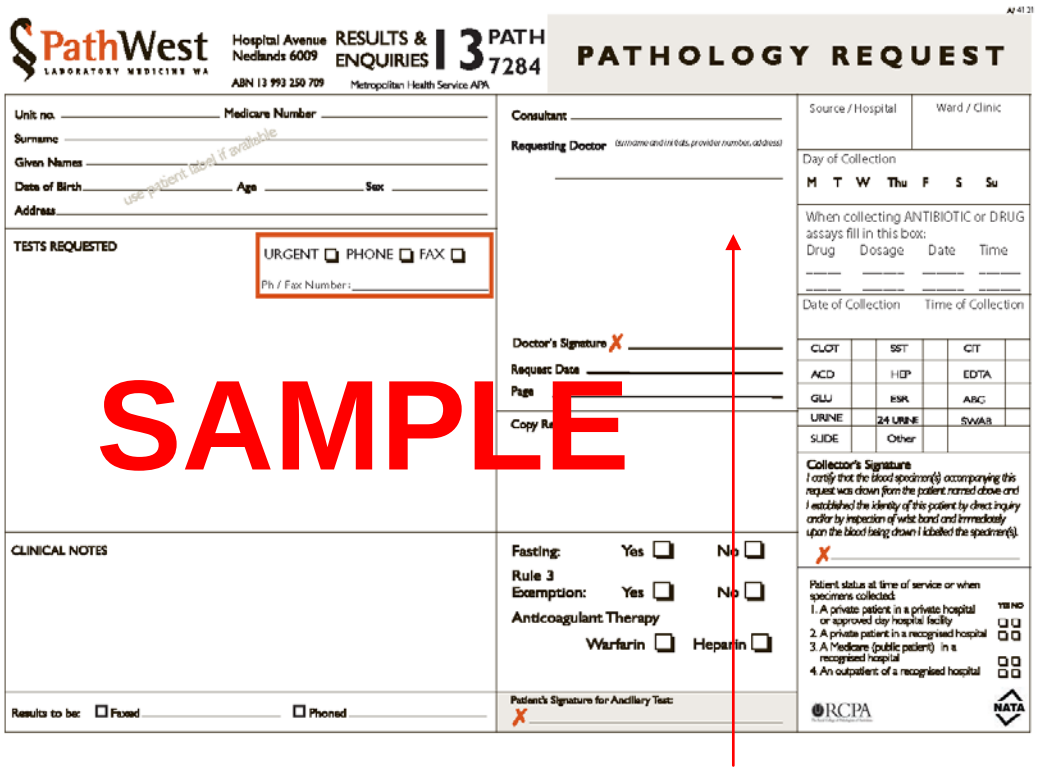

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Clinic/Hospital Name:_____
Ward Name: _____

Address:_____

Telephone: (08)_____ **Fax: (08)**_____

Doctor Details (up to 7 Doctors per pad) :

1. Dr:_____
   Provider number:_____
   Ultra Code:_____
2. Dr:_____
   Provider number:_____
   Ultra Code:_____
3. Dr:_____
   Provider number:_____
   Ultra Code:_____
4. Dr:_____
   Provider number:_____
   Ultra Code:_____
5. Dr:_____
   Provider number:_____
   Ultra Code:_____
6. Dr:_____
   Provider number:_____
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   Provider number:_____
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