

# BOOKING REQUEST DETAILS



Today's Date: \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Location of patient accommodation: \_\_\_\_\_

Date of arrival: \_\_\_\_\_ (Arrivals cannot be before 2pm)

Date of departure: \_\_\_\_\_ (Departures must be no later than 10am)

## PERSONAL DETAILS

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Drivers Licence #: \_\_\_\_\_

## TREATMENT DETAILS

Type of Treatment: \_\_\_\_\_

Length of Treatment (if known): \_\_\_\_\_

Duration of Stay: \_\_\_\_\_

Number of Persons: \_\_\_\_\_

Names of Persons: \_\_\_\_\_

Name of person authorised to refer: \_\_\_\_\_

Signature of person authorised to refer: \_\_\_\_\_

Hospital from where referred: \_\_\_\_\_

Have you applied for PATS / IPTAAS / VPTAAS / QLD Hospital? \_\_\_\_\_  
(Your patient travel must be completed and signed by your referring doctor)

## METHOD OF PAYMENT (In case of loss of items or damage to the property during your stay)

Name on Card: \_\_\_\_\_

Credit Card Type:  VISA  MasterCard  American Express  Diners

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

The person/s staying at the residence are joint and severally liable for any damages to the house and /or its contents in accordance with the terms and conditions of occupants which are available upon request.

Signature: \_\_\_\_\_

## BILLING ADDRESS (if covered by PATS / IPTAAS / VPTAAS / QLD Hospital)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_