



Office: 1300 693 246 1300 MY ECHO Fax: 1300 793 236

Email: ABN:

Website: www.heartscope.com.au info@heartscope.com.au

29 135 556 204

## **Suggested Medical Director Settings for Heartscope Victoria Referral forms**

Font: Arial	s default	Use plair	n paper form	Size	e: 10 <b>•</b>
All measurements		tres. From Top		F 1 -A	From Top
Patient's Name: Patient's Address Patient's D.O.B.: Medicare Number Chart Number: Phone Number:	35 35 132	50 58 50 70 70 57	Doctor's Name: Doctor's Address: Doctor's Provider No.: Doctor's Phone: Date Printed: Copy To:	16 16 16 16 16 156	117 123 135 140 151
Request Reason:  Display default r	95	From Top 92 92	Width         Lines           70         5           100         5	Rese	t Defaults

To Access this Menu Click on Tools, Print Options, Imaging; Followed by "New", then type in "Heartscope Victoria" & adjust settings accordingly. Finally click on Save to save your settings.

NB: For further queries regarding these settings please contact Heartscope Victoria, Details are listed above.