APPENDIX.—GENERAL PRACTITIONERS SERVICE: SUGGESTED FORM OF CLAIM ON FUND BY A MEDICAL PRACTITIONER (VIDE PARA. 20)

[FOR DEPARTMENTAL USE]

(1) Date of Attendance.	(2) Code.	(3) Name of Patient (and if Child under Sixteen, Name of Parent or Guardian.	(4) Address.	(5) Total Fee Charged. £	s.	d.	(6) Amount Claimed from Fund. £	s.	d.	Ledger Reference.

(2) CODE (to be printed on cover of pad of forms)

M	Morning, 7–12 noon	T	Telephone consultation
A	Afternoon, 12–9 p.m.	E	Extended more than 30 min.
N	Night, 9 p.m.–7 a.m.	P	Visit in private hospital
S	Sunday or public holidays	R	Reduced (short or trivial consultation)
D	Domiciliary	B	Materials

£

To the Medical Officer of Health, ...

I certify that the above particulars of general medical services afforded by me are true and correct, and I claim the sum shown at the foot of column (6) on behalf of the patients listed in column (3).

Date :...../...../.....

.....
Signature of Practitioner.

Approximate Cost of Paper.—Preparation, not given; printing (4,403 copies), £64.

By Authority: E. V. PAUL, Government Printer, Wellington.—1948.

Price 9d.]