

CENTRE TO COMPLETE

Centre name _____

Date _____ / _____ / _____

Patient name _____

Patient chart number _____

Amount of refund _____

Reason for refund _____

Method of payment _____

Bank account number for refund*

**Please attach evidence of bank account*

Reference required with refund _____

Patient signature _____

Date _____ / _____ / _____

Authorised by (*centre authorisation*) _____

Signature _____

Date _____ / _____ / _____

RMS TO COMPLETE

Paid by RMS finance _____

Checked on bank statemnt _____

Refunded in Medtech _____