histolab

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Dr Sant Khan MBBS, BSc (Hons), FRCPath
Dr Karen McGlaughlin MBBS, BMedSc (Hons), FRCPA
Dr Peter Crowley MBBS, FRCPA

MEDICARE NUMBER

**Histolab Pty Ltd** (ACN 139 405 182) APA
Unit 6, 796 High Street, Kew East VIC 3102
**t** (03) 9852 8622 **f** (03) 9852 8500
**e** info@histolab.com.au **www.histolab.com.au**

NATA RCPA The Royal College of Pathologists of Australasia
NATA/RCPA Accredited Laboratory Number 17280

SURNAME | MR, MRS, MISS, MS, DR. | GIVEN NAME | SEX | DATE OF BIRTH | YOUR REFERENCE

ADDRESS | TEL(MOBILE) | TEL(OTHER)

EMAIL ADDRESS

TESTS REQUESTED

CLINICAL NOTES

LABORATORY USE ONLY

SCAN —

DE —

MACRO —

LBS —

❑SD

*Your doctor has recommended that you use Histolab Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.*

URGENT ☐ PHONE ☐ FAX ☐ BY TIME

PHONE/FAX No:

PRIVATE ☐ CONCESSION ☐ BULK BILL ☐

VET AFFAIRS/WORK COMP No.:

**DOCTOR'S SIGNATURE AND REQUEST DATE**

X _____ / /

COPY REPORTS TO:

HOSPITAL / WARD

REQUESTING DOCTOR (SURNAME, INITIALS, ADDRESS & PROVIDER No.)

*MEDICARE ASSIGNMENT: I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.*

*ACCOUNT STATEMENT: I understand that if any of the tests requested are not eligible for a Medicare rebate, I will receive an account, which I agree to pay in full.*

PRACTITIONER'S USE ONLY _____ (Reason Patient Cannot Sign)

FOR PATIENTS RECEIVING A PENSION OR HOLDING A HEALTH CARE CARD

X _____ / /

**PATIENT'S SIGNATURE AND DATE**

*Patient status at the time of the service or when the specimen was collected:*

| | yes | no |
|---|---|---|
| Private patient in a private hospital or approved day hospital facility | ❑ | ❑ |
| Private Patient in a recognised hospital | ❑ | ❑ |
| A Public Patient in a recognised hospital | ❑ | ❑ |
| Outpatient of a recognised hospital | ❑ | ❑ |

NAME: D.O.B. PULL | NAME: D.O.B. PULL | NAME: D.O.B. PULL

BEND TO REMOVE LABEL

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**PRIVACY NOTE:** The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of Government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Human Services or to a person in the medical practice associated with this claim, or as authorised/required by law.

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