

Patient title:	Patient surname:	Patient given names:	DOB:	Sex:	Phone #:	Private health insurance (no gap) <input type="checkbox"/>	
						Schedule fee <input type="checkbox"/>	
						Bulk bill <input type="checkbox"/>	
Patient Address:			Medicare #:	Health Fund #:		Hospital status at the time of service or when specimen obtained: <input type="checkbox"/>	
			DVA #:	Your reference:		- Private patient in a private hospital <input type="checkbox"/>	
							- Private patient in a recognised hospital <input type="checkbox"/>

 Tests requested: Histopathology  Other  Specify:

Clinical notes

**URGENT**  Phone  Fax  Phone / fax #:

Result required by:

 SD 

Copy reports to:

 Requesting doctor  
 Name, initials, address, provider number

Requesting doctor's signature

Date:

Your doctor has recommended that you use GI 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.

**Medicare Assignment (Section 20A of the Health Insurance Act 1973)**

I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s).

Signed:

Date:

Practitioner use only (reason patient cannot sign):