

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:
			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:

	Biopsy	Polyp(s)		Biopsy	Polyp(s)	Clinical notes
Oesophagus			Hepatic flexure			
OG junction			Transverse colon			
Gastric			Splenic flexure			
Gastric body			Descending colon			
Gastric antrum			Sigmoid			
Duodenum			Rectosigmoid			
Ileum			Rectum			
Random colon			Anal canal			
Caecum			Anastomosis			
Ascending colon			Other			

SD

 URGENT  Phone  Fax  Phone / fax #:

Result required by:

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):