Affix barcode here

dorevitch pathology

Accreditation Number: 2204
Accredited for compliance with NPAAC Standards and ISO 15189

MEDICARE CARD NUMBER - IRN

PATHOLOGY REQUEST

dorevitch.com.au 03 9244 0444
18 Banksia Street Heidelberg Victoria 3084

Results Line 9244 0472

Healius Pathology Pty Ltd (ABN 84 007 190 043) APA No. 000042 t/a Dorevitch Pathology

PATIENT LAST NAME/ADDRESS | GIVEN NAMES | SEX | DATE OF BIRTH | YOUR REF

TEL (HOME) | TEL (BUS)

TESTS REQUESTED

CLINICAL NOTES

DO NOT SEND REPORTS TO MY HEALTH RECORD ☐

GEL	EDTA	Na CIT	FLOX	PLAIN	LITHEP	Na HEP	ACD	LH GEL	ESR	24h U	MSU	SWAB	PAP	HIST	SLIDE	FAEC	SPUT	FUNG	SEM	CSF/ BC	ECG TRACE	HOLT	VIRAL SWAB	THIN PREP	Received by:	No. of Tests:

- Fasting ☐
- Non Fasting ☐
- Pregnant ☐
- Horm Therapy ☐
- LMP ___/___/___
- EDC ___/___/___

Cervical Screening

- Cervix ☐
- Vagina ☐
- Self Collect ☐
- Post Natal ☐
- IUCD ☐
- PCB/PMB ☐
- Abnormal Bleeding ☐
- Cx Suspicious ☐
- Previous AIS ☐
- Radiotherapy ☐
- Immune deficient ☐

URGENT ☐ PHONE ☐ FAX ☐ By Date & Time

Ph/fax No:

PRIVATE ☐ CONCESSION ☐ BULK BILL ☐

VET AFFAIRS No:

☐ RULE 3 EXEMPTION ☐ SD (Self Determined)

Doctor to sign ▶ Dr.

REQUEST DATE

COPY REPORTS TO:

HOSPITAL/WARD

REQUESTING PRACTITIONER Surname & Initials, Address Tel No. & Provider No.

PATIENT STATUS AT THE TIME OF SERVICE OR WHEN THE SPECIMEN WAS COLLECTED

	YES	NO
(A) PRIVATE PATIENT IN A PRIVATE HOSPITAL OR APPROVED DAY HOSPITAL FACILITY, OR	☐	☐
(B) A PRIVATE PATIENT IN A RECOGNISED HOSPITAL	☐	☐
(C) A PUBLIC PATIENT IN A RECOGNISED HOSPITAL	☐	☐
(D) AN OUTPATIENT OF A RECOGNISED HOSPITAL	☐	☐

***MEDICARE ASSIGNMENT* (Section 20A of the Health Insurance Act 1973)** I offer to assign my right to benefits to the approved pathology practitioner ("APP") who will render the requested pathology services and any eligible pathologist determinable service(s) established as necessary by the practitioner. Patient Account Statement: Your doctor has requested tests on a clinical basis. Some of these may not be eligible for a Medicare rebate, and you may receive an account. For full details refer to Dorevitch Pathology Billing Policy as found on the website. dorevitch.com.au

Patient to sign ▶ X ..... (Patient's Signature) X ..... (Reason patient cannot sign) ...../...../..... (Date)

Specimen Collected	Drug - Last Dose	Collector to sign	Location	C V N H	PR	Fee Cat:
Date / /	Date / /	I certify that the pathology specimen(s) accompanying this request was collected from the patient named above and I established the identity of this patient by direct inquiry and/or by inspection of wrist band.		P O L	PU	
Time	Time	Surname (print) ..... Signed				

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MEDICARE CARD NUMBER - IRN

PATIENT LAST NAME | GIVEN NAMES | SEX | DATE OF BIRTH | YOUR REF

PATIENT ADDRESS | TEL (HOME) | TEL (BUS)

TESTS REQUESTED

REQUESTING PRACTITIONER Surname & Initials, Address Tel No. & Provider No.

Your treating practitioner has recommended that you use Dorevitch Pathology. You are free to choose your own pathology provider. However, if your treating practitioner 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 treating practitioner.

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 Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.

CLEAR SAVE