



SYDNEY PATHOLOGY SERVICE
Missenden Rd, Camperdown NSW 2050

PATIENT DETAILS Patient Identifier (MRN) Date of Birth/...../..... Sex M/F

Surname First name

No. and Street

Suburb / Town Post Code Ward/Clinic

Account Address [if different from above]

TESTS REQUESTED **URGENT: YES/NO** **FASTING: YES/NO**

FIRST TRIMESTER COMBINED SCREENING

SD (Self Determined) used when approved Pathology Practitioner determines that Pathologist determinable tests are necessary

CLINICAL NOTES (include medication details e.g. current antibiotics)

Your doctor has recommended that you use **SYDNEY SOUTH WEST PATHOLOGY SERVICE** located at:
Level 5, Royal Prince Alfred Hospital – Mon to Fri 7am to 3.20pm (Tele: 9515 8695)
Suite 317, RPAH Medical Centre, 100 Carillon Avenue, Newtown – Mon to Fri 7.15am to 5.45pm (Tele: 9515 8840)

REQUESTING PRACTITIONER DETAILS

Doctor's Surname Initials

Address

..... Phone

DOCTORS PROVIDER NO:

SIGNATURE Fax

Date/...../..... **Attending Medical Officer**

COPY TO:

Dr Ritu Mogra
Fetal Medicine & Ultrasound Unit
Royal Prince Alfred Hospital
Level 5 Building 89
Missenden Road
CAMPERDOWN NSW 2040
Tele: 9515 6579 | Fax: 9515 6579

MEDICARE ASSIGNMENT (Section 20A of Health Insurance Act 1973) – to be completed by the patient offering to assign benefits for services on this form.
I offer to 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

PATIENT'S SIGNATURE **DATE**/...../.....

PRACTITIONERS USE ONLY
(Reason patient cannot sign) **MEDICARE NUMBER**

PATIENT STATUS at the time of the service or specimen collection:
 A private patient in a private hospital, or approved day hospital facility A public patient in a recognised hospital An outpatient of a recognised hospital A private patient in a recognised hospital

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.

COLLECTION DATE:		/ /		TIME:		COLLECTOR'S SIGNATURE:											
EDTA	CIT	PLAIN	HEP	FLUOR	P/Y EDTA	URINE SPOT 24HR EM	CSF	FAECES SPOT 3 DAY	SWAB	SPUTUM	BC	SLIDE	HIST FORMALIN FRESH	OTHER	CHECKED BY		