

REQUEST FOR CONSULTATION OPINION: Name of Dermatopathologist*

* If your preferred Kossard Dermatopathologist is unavailable, another Kossard Dermatopathologist will provide the opinion.

I request a further pathologist opinion in writing for accurate diagnosis and management.

I am (tick one)

1. the treating practitioner (or their representative), and certify the treating practitioner requests this further opinion and the original reporting pathologist agrees this is reasonably necessary,

OR

2. the original reporting pathologist (or their representative), and certify that the treating practitioner requests this further opinion and original reporting pathologist agrees this is reasonably necessary,

OR

3. requesting this further opinion, but the treating practitioner and the original reporting pathologist have not both agreed this further opinion is required.

Consultation fees for (1) or (2) above will be billed direct to Medicare, with no out-of-pocket expenses to either patient or requester.
Consultation fees for (3) above will be privately invoiced to the requester (pathologist, pathology company, patient or other patient-authorized third party).

PLEASE ENCLOSE COPIES OF ALL RELEVANT PATHOLOGY REPORTS

1. Date of this further opinion request:

2. Patient name:

3. Patient Medicare Number: see enclosed copy of original pathology request form, or:

4. Patient DOB and address: see enclosed report, or:

5. Original pathology reference number(s): see enclosed report, or:

6. Number of slides sent:

7. Number of blocks sent:

8. Clinical information: (or please enclose a request letter, medical record extracts, other correspondence, or clinical photographs, etc as required):

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9. Treating practitioner's name and address:

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10. Original reporting pathologist's name and address: see enclosed report, or:

11. Name of person completing this form:

as per 9. above OR as per 10. above OR as follows:

12. Address of person completing this form:

as per 9. above OR as per 10. above OR as follows:

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13. Signature of person completing this form: Date: