



**PATHOLOGY REQUEST**

www.kossard.com.au  
Results Enquiries: (02) 9005 7111  
Fax: (02) 9005 7116  
Level 2, 60 Waterloo Road, Macquarie Park NSW 2113

MEDICARE CARD NUMBER

BARCODE

Specialist Diagnostic Services Pty Ltd ABN 84 007 190 043 APA No 000042 trading as Lavery Pathology and Kossard Dermatopathologists

PATIENT LAST NAME GIVEN NAMES SEX DATE OF BIRTH FILE No.

PATIENT ADDRESS POSTCODE TEL (HOME & MOBILE) TEL (BUS)

TESTS REQUESTED

LABORATORY COPY

CLINICAL NOTES Do not send reports to My Health Record



- SELF DETERMINE STANDARD PRECAUTIONS PRIVATE & CONFIDENTIAL CUMULATIVE REPORT

- STANDARD FEE CONCESSIONAL FEE

URGENT PHONE FAX BY TIME: PHONE/FAX No: VETERANS' AFFAIRS No:

DOCTOR'S SIGNATURE AND REQUEST DATE

COPY REPORTS TO: HOSPITAL/WARD

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS) Doct Copy 1 Copy 2 Copy 3 Hosp/Ward

Table with columns: Collect Date, Coll. Time, Test Codes, Branch, Ref. No., Lab. No., Description & Containers, Collector. Includes sub-headers for L U S B E and Received Date, Rec. Time.

Was or will the patient be, at the time of the service or when the specimen is obtained: (✓ appropriate box) a. a private patient in a private hospital or approved day hospital facility b. a private patient in a recognised hospital c. a public patient in a recognised hospital d. an outpatient of a recognised hospital

PATIENT'S SIGNATURE AND DATE MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) 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. In the alternate, I authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me a cheque payable to the APP for the Medicare Benefit. SIGNATURE X DATE / / Practitioner's Use Only (Reason patient cannot sign)



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MEDICARE CARD NUMBER - IRN

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

TESTS REQUESTED TEL (HOME) TEL (BUS)

PATIENT COPY REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)

Your treating practitioner has recommended that you use Kossard Dermatopathologists and Lavery 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.

FC5551 05/18

KOS-RF03-AVI