



## **PATHOLOGY REQUEST**

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

**Results Line 9244 0472** 

Specialist Diagnostic Services Pty Ltd, ABN 84 007 190 043 APA No. 000042, trading as Dorevitch Pathology													0 17	_																	
PATIENT LAST NAME/ADDRESS GIVEN NAMES								ES									SEX DATE OF BIRTH						YOUR REF:								
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COPY REPORTS TO:  REQUESTING PRACTITIONER Surname & Initials, Address, Tel No., & Provider No														0.																	
PATIENT STATUS AT THE TIME OF THE SERVICE OR WHEN THE SPECIMEN WAS COLLECTED YES NO MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)   offer to assign my right												t to benefi	ts to the appr	oved pa	athology r	practition	er ("APP") who will	render the													
(a) A PRIVA	a) A PRIVATE PATIENT IN A PRIVATE HOSPITAL, OR APPROVED DAY HOSPITAL FACILITY OR,										VES NO MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) I offer to assign my right requested pathology services and any eligible pathologist determinable service(s) established as necessary by the pract											itioner. Pa Dorevitch	tient Account 1 Pathology Ri	Staten illing Po	ent: Your olicy as fo	doctor h ound on t	as requested tests ne website, dorevit	on a clinical ch.com.au	il		
(b) A PRIVA										D Datient																					
(c) A PUBLIC PATIENT IN A RECOGNISED HOSPITAL OR, (d) AN OUTPATIENT OF A RECOGNISED HOSPITAL										to sign X (Patient's Signature)									(Rea	(Reason patient cannot sign) (Date)					/						
Specimen Collected Drug - Last Dose								landification attended to the control of the contro										; V 1		PR	Fee Cat:	t:									
Date / / Date / /								i	to sign inspection of wrist band.  Surname (print)																						
Time Time																										P O	L	PU			



dorevitch.com.au
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Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) APA No. 000042 t/a Dorevitch Pathology

MEDICARE CARD NUMBER - IRN

DATE OF BIRTH YOUR REF: PATIENT LAST NAME

PATIENT ADDRESS TEL (HOME) TEL (BUS)

TESTS REQUESTED

Learn about your tests knowpathology.com.au

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.



