

ABN 96 237 38806

*A Medicare rebate is available for a second expert pathology opinion only if the treating practitioner and the approved pathology practitioner who provided the original opinion on the patient specimen **agree** that a second opinion is reasonably necessary for diagnostic purposes. If the patient was an outpatient at the time of their procedure this can be bulk billed, however if the patient was an in-patient, this cannot be bulk billed and will be charged to the requesting institution.*

PATIENT INFORMATION		
Surname:	First Name:	DOB:
Address:		Sex: M / F
Patient status at the time of procedure <input type="checkbox"/> Outpatient <input type="checkbox"/> Public In-patient <input type="checkbox"/> Private In-patient		
Medicare Number (if OP):	Private Insurer (if Priv IP):	
TREATING PRACTITIONER		
Surname:	First Name:	
REQUESTING PATHOLOGIST/CLINICIAN		
Surname:	First Name:	Tel:
Address:		Mobile:
Provider No:	Email:	Fax:
<b>Authorised Signature</b> _____ <i>(By signing this you are indicating that this request fulfils the MBS item descriptor above and are happy to accept charges for opinion and if required IHC for an in-patient request)</i>		Date of request: ___/___/___
CLINICAL INFORMATION/REASON FOR REFERRAL		
LABORATORY INFORMATION		
Originating Pathology Lab:	Originating Pathology reference Number:	
<b>PLEASE PROVIDE THE FOLLOWING:</b> 1. Completed Second Opinion Pathology Request 2. A copy of the original pathology report 3. If Immunohistochemistry is likely to be required please enclose a representative paraffin block for testing.	<b>SEND TO:</b> <b>ANATOMICAL PATHOLOGY</b> <b>Austin Pathology,</b> <b>Level 6 Harold Stokes Building</b> <b>145 Studley Road,</b> <b>Heidelberg, VIC 3084</b> Tel: (03) 9496 5285 Fax: (03) 9496-3437	
<b>If you would prefer an opinion from a specific pathologist, nominate:</b>  Name: _____ (if available)		
FOR-ANAT-039v2		