

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.

PATIENT INFORMATION		
Surname:	First Name:	DOB:
Address:		Sex: M / F
Medicare Number:		
REQUESTING PATHOLOGIST/CLINICIAN		
Surname:	First Name:	Tel:
Address:		Mobile:
Provider No:	Email:	Fax:
Authorised signature _____ <i>(By signing this you are indicating that this request fulfils the MBS item descriptor above)</i>		Date of request: ___/___/___
CLINICAL INFORMATION/REASON FOR REFERRAL	COPY TO DOCTOR	
	Surname First Name Address	
LABORATORY INFORMATION		
Originating Pathology Lab:	Originating Pathology reference Number:	
<b>PLEASE PROVIDE THE FOLLOWING:</b> <ol style="list-style-type: none"> <li>Completed Second Opinion Pathology Request Form</li> <li>A copy of the <u>original</u> pathology report</li> <li>If Immunohistochemistry is likely to be required please enclose a representative paraffin block for testing.</li> </ol>	<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)		

**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 provision 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.