

REQUEST FOR PERSONALISED REQUEST PADS

Please complete the below information, save a copy and send it to DLPathologyAdmin@austin.org.au or fax your request to 9496-5803.

Doctors Name:	
Provider Number:	
Address Line 1:	
Address Line 2:	
Suburb:	
Postcode:	
Telephone:	
Fax:	
Report copies to: (Include address and provider number if this is a new location or doctor)	
Special instructions: (Eg: require specific pathologists to report Histology)	
Type and number of pads required: (Eg 5 x A5 pads)	
Where should we send the pads? (As per above address or different address)	