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MEDICARE CARD NUMBER

REQUEST FORM

A/3639

Clouston Pathology Pty Ltd ABN 33 122 927 128 | APA No. 1078

PATIENT LAST NAME GIVEN NAMES SEX DATE OF BIRTH YOUR REFERENCE

TEL(HOME) TEL(BUS)

PATIENT ADDRESS

URGENT

PHONE FAX

PHONE/FAX No.

NORMAL FEE
 SCHEDULE FEE
 BULK BILL
 FUND
 VETERAN AFFAIRS NO.

Patient status at time of the service or specimen collection

	Yes	No
(1) a private patient in a private hospital or approved day hospital facility	<input type="checkbox"/>	<input type="checkbox"/>
(2) a private patient in a recognised hospital, or	<input type="checkbox"/>	<input type="checkbox"/>
(3) a public patient in a recognised hospital, or	<input type="checkbox"/>	<input type="checkbox"/>
(4) an outpatient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

Pre Admission Referred Outpatient Post Discharge

TESTS REQUESTED

CLINICAL NOTES

SELF DETERMINE

LAB USE ONLY

REQUESTING DOCTOR'S SIGNATURE AND REQUEST DATE

X _____ DOCTOR'S SIGNATURE _____ DATE

COPY REPORTS TO:

REQUESTING DOCTOR (PROVIDER NUMBER, NAME, INITIALS, ADDRESS)

Your doctor has recommended that you use Envoi Specialist Pathologists. You are free to choose your own pathology provider. However, if your doctor 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 doctor

MEDICARE

MEDICARE ASSIGNMENT
 (Section 20A of the Health Insurance Act 1973)

I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s).

PATIENT'S SIGNATURE AND DATE: / /

X _____

PRACTITIONER'S USE ONLY
 (Reason patient cannot sign)

Clinicians check box if Envoi only is requested on clinical grounds.