

Dr P Hosking, Dr R Chean, Dr A Connell, Dr M Borosak

COMPULSORY TO COMPLETE

PATIENT SURNAME _____

GIVEN NAME _____ UR No. _____

ADDRESS _____

POSTCODE _____

DATE OF BIRTH ___/___/___ SEX M F TEL _____

MEDICARE No ___/___/___ **Valid to** ___/___/___

Ward/Clinic/Hosp _____

Consultant _____

Requesting Doctor Surname _____ Initials _____

Provider No. _____ Code _____

Address _____

COPY RESULTS TO:

Dr _____

Address _____

COMPULSORY TO COMPLETE

PATIENT STATUS AT TIME OF SERVICE OR SPECIMEN COLLECTION

Private patient in a private hospital or approved day hospital YES NO

Private patient in a recognised hospital YES NO

Medicare (public) patient in a recognised hospital YES NO

Outpatient of a recognised hospital YES NO

COMPLETE FOR ALL PATIENTS

1. Public Private Overseas

2. Outpatient Inpatient

3. VA No. _____ TAC

Date of accident ___/___/___

Your doctor has requested that you use Eastern Health Pathology (EHP). 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.

COMPULSORY TO SIGN

MEDICARE ASSIGNMENT FORM (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 services(s).

Practitioner's Use Only

Patient Signature _____ Date ___/___/___ Reason patient cannot sign _____

CLINICAL NOTES Please provide (Relevant History/Procedure/Medications)

RETURNED TRAVELLER: Y N SD

TESTS REQUESTED

LAB USE ONLY
Specimen Types

| |
|---------|
| EDTA |
| SERUM |
| HEPARIN |
| CITRATE |
| ESR |
| FLU |
| ACD |
| GAS |
| BCULT |
| TISSUE |
| URINE |
| SWAB |
| CSF |
| FLUID |
| SPUTUM |
| FAECES |
| BRWASH |
| OTHER |

URGENT Tel Fax by _____ hours Tel/Fax _____

REQUESTING DOCTOR:



Doctor's Signature _____ SURNAME (PRINT) _____

PAGER _____ Request Date ___/___/___

COLLECTORS MUST COMPLETE:

The specimens for this request were obtained & labelled after verifying the patient's identity.

Signature _____ Date ___/___/___ Time _____ Fasting Y N

Print Name _____ Preg Wks Code _____

Result Enquiries

Box Hill Pathology Laboratory 9895 3473

Administration

Customer Service 9895 4958/9895 3899
 Patient Accounts 9895 3470

ANGLISS HOSPITAL Albert Street, Upper Ferntree Gully 3156

Angliss Hospital Collection Centre - Level 2 Angliss Hospital
 Mon-Fri 8am-5pm. (Excluding Public Holidays).
 For appointments or instructions please ring **9764 6135**.

Angliss Laboratory
Phone 9764 6136 Fax **9752 3659**

BOX HILL HOSPITAL Nelson Road, Box Hill 3128

Box Hill Hospital Collection Centre - Ground Floor Box Hill Hospital
 Mon-Fri 8am-5pm. (Excluding Public Holidays).
 For appointments or instructions please ring **9895 4905**. Fax **9895 3845**.

Box Hill Laboratory
Phone 9895 3473 Fax **9895 4602**

HEALESVILLE HOSPITAL & YARRA VALLEY HEALTH 377 Maroondah Highway, Healesville 3777

Collection Centre, Front foyer of Healesville Hospital.
 Mon-Fri 8am-2pm. (Excluding Public Holidays).

Phone 5969 9949

MAROONDAH HOSPITAL Davey Drive, East Ringwood 3135

Maroondah Hospital Collection Centre - Level 3 Maroondah Hospital
 Mon-Fri 8am-5pm. (Excluding Public Holidays).
 For instructions please ring **9871 3579**.

Maroondah Laboratory
Phone 9871 3572 Fax **9870 5359**

YARRA RANGES HEALTH COLLECTION CENTRE 25 Market Street, Lilydale 3140

Tues & Thur 8am-12 midday. (Excluding Public Holidays).
 For appointments or instructions please ring **1300 342 255**.

Phone 1300 342 255 Fax **9091 8899**

Patient Information

Appointments required for the following tests:

Glucose tolerance tests, ECG, Homocysteine, paediatrics, platelet function tests.

Special Test Requirements:

All special instructions are available on www.easternhealth.org.au/services/pathology

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 provisions 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.