infinityPATH

1300 007284 (PATH)

MEDICARE CARD NUMBER

PATIENT SURNAME	MR, MRS, MISS, MS, DR.	GIVEN NAME	SEX	DATE OF BIRTH	YOUR REFERENCE
PATIENT ADDRESS				TEL (HOME)	TEL (BUS)

TESTS REQUESTED

LAB USE ONLY

SITE

Collection Date

Description & Containers

Collection Time

Received Date

Collected By

Received Time

Specimens

CLINICAL NOTES

URGENT ☐ **PHONE** ☐ **FAX** ☐ BY TIME

PHONE/FAX No.

PRIVATE ☐ CONCESSION ☐ BULK BILL ☐

VET AFFAIRS No.:

DOCTOR'S SIGNATURE AND REQUEST DATE

X _____ / / _____

COPY REPORTS TO:

HOSPITAL / WARD

REQUESTING DOCTOR (SURNAME, INITIALS, ADDRESS & PROVIDER No.)

Hospital status of patient at specimen collection or date of service

	yes	no
Private patient in a private hospital or approved day hospital facility	☐	☐
Private patient in a recognised hospital	☐	☐
A public patient in a recognised hospital	☐	☐
Outpatient of a recognised hospital	☐	☐

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973)
I assign my right to benefit to the approved pathology practitioner who will render the requested pathology service (s)

PRACTITIONER'S USE ONLY _____
(Reason Patient Cannot Sign)

FOR PATIENTS RECEIVING A PENSION OR HOLDING A HEALTH CARE CARD

X _____ / / _____
PATIENT'S SIGNATURE AND DATE

infinityPATH

1300 007284 (PATH)

South City One.
Unit 6, 3245 Logan Road
Underwood, Brisbane 4119
ABN 68 151 578 675

NAME: D.O.B. ↑ LIFT | NAME: D.O.B. ↑ LIFT | NAME: D.O.B. ↑ LIFT

BEND FORM TO REMOVE LABELS

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"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."