c<sup>CO</sup>

MEDICARE CARD NUMBER

	CVPATH			
1300 00	typath 7284 (ратн)			
PATIENT SURNAME MR, MRS, MIS		SEX DATE	OF BIRTH	YOUR REFERENCE
PATIENT ADDRESS		TEL (F	IOME)	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 TIM PHONE/FAX No.	Έ	DOCTOR'S SIGNA	TURE AND REQUEST DATE —	
PRIVATE CONCESSION BULK BILL	X			
VET AFFAIRS No.: COPY REPORTS TO:	REG	QUESTING DOCTOR (SURNAME, IN	ITIALS, ADDRESS & PROVIDER No.	)
HOSPITAL / WARD 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 I assign my right to benefit to the approve who will render the requested pathology s PRACTITIONER'S USE ONLY(Rea	d pathology practitioner	FOR PATIENTS RECE OR HOLDING A HEA X PATIENT'S SIGNATUR	LTH CARE CARD
		•	*	•
	NAME:	↑ L NAME:	↑ L NAME:	1 L
INFINITY PATH 1300 007284 (PATH) South City One.	NAME: D.O.B.	I F D.O.B.	D.O.B.	†         
<b>South City One.</b> Unit 6, 3245 Logan Road Underwood, Brisbane 4119 ABN 68 151 578 675		F	D.O.B.	† L F T
South City One. Unit 6, 3245 Logan Road Underwood. Brisbane 4119	D.O.B.	D.O.B. BEND FORM TO REMOVE	LABELS MEDICARE CARD NUMBER	YOUR REFERENCE
South City One. Unit 6, 3245 Logan Road Underwood, Brisbane 4119 ABN 68 151 578 675	D.O.B.	ED.O.B. BEND FORM TO REMOVE	LABELS MEDICARE CARD NUMBER	YOUR REFERENCE TEL (BUS)
South City One. Unit 6, 3245 Logan Road Underwood, Brisbane 4119 ABN 68 151 578 675 PATIENT SURNAME MR, MRS, MIS	D.O.B.	ED.O.B. BEND FORM TO REMOVE	LABELS MEDICARE CARD NUMBER	
South City One. Unit 6, 3245 Logan Road Underwood, Brisbane 4119 ABN 68 151 578 675 PATIENT SURNAME MR, MRS, MIS PATIENT ADDRESS	D.O.B.	ED.O.B. BEND FORM TO REMOVE	LABELS MEDICARE CARD NUMBER	
South City One. Unit 6, 3245 Logan Road Underwood, Brisbane 4119 ABN 68 151 578 675 PATIENT SURNAME MR, MRS, MIS PATIENT ADDRESS	e services rendered and to facilitate the proper administration of q isions of the Health Insurance Act 1973. The information may be	D.O.B. BEND FORM TO REMOVE SEX DATE TEL (I	LABELS MEDICARE CARD NUMBER	TEL (BUS)
South City One. Unit 6, 3245 Logan Road Underwood, Brisbane 4119 ABN 68 151 578 675 PATIENT SURNAME MR, MRS, MIS PATIENT ADDRESS TESTS REQUESTED "Privacy Note: The information provided will be used to assess any Medicare Benefit payable for th health programs, and may be used to update enrolment records. Its collection is authorised by prov the Department of Health and Ageing or to a person in the medical practice associated with this cal-	b.o.b. B. GIVEN NAME SS, MS, DR. GIVEN NAME eservices rendered and to facilitate the proper administration of ( sistons of the Health Insurance Act 1973. The information may be in, or as authorised/required by law." MEDICARE ASSIGNMENT (Section 20A of l assign my right to benefit to the approve	D.O.B.  BEND FORM TO REMOVE SEX DATE TEL ( REQUESTIN Inversion 1 I	D.O.B. MEDICARE CARD NUMBER	TEL (BUS) & PROVIDER No.)
South City One. Unit 6, 3245 Logan Road Underwood, Brisbane 4119 ABN 68 151 578 675 PATIENT SURNAME MR, MRS, MIS PATIENT ADDRESS TESTS REQUESTED "Privacy Note: The information provided will be used to assess any Medicare Benefit payable for th health programs, and may be used to update enrolment records. Its collection is authorised by prov the Department of Health and Ageing or to a person in the medical practice associated with this cla	e services rendered and to facilitate the proper administration of q isions of the Heatth Insurance Act 1973. The information may be in, or as authorised/required by law."	D.O.B.  BEND FORM TO REMOVE SEX DATE TEL (I  requestion REQUESTIN disclosed to	D.O.B. MEDICARE CARD NUMBER OF BIRTH HOME) G DOCTOR (SURNAME, INITIALS, ADDRESS	TEL (BUS) & PROVIDER No.) IVING A PENSION LTH CARE CARD