145 Nerang Street Southport Q 4215
PO Box 10749, Southport BC Q 4215
Phone: (07) 55 611 900 • Fax: (07) 55 611 822
Email: admin@helixpathology.com.au
ABN 29 201 030 340 • ACN 128 982 070
NATA Accreditation 15803

MEDICARE/DVA NUMBER

HEALTH FUND & NUMBER

PATHOLOGY REQUEST

PATIENT LAST NAME GIVEN NAMES	SEX	DATE OF BIRTH	FILE No.
PATIENT ADDRESS POSTCODE		TEL (HOME)	TEL (BUS)

TESTS REQUESTED

LABORATORY COPY

CLINICAL NOTES

Your doctor has recommended that you use Helix Pathology. 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.

☐ STANDARD PRECAUTIONS ☐ PRIVATE & CONFIDENTIAL

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

PHONE/FAX No.:

HELIX PATHOLOGY Fee ☐ Schedule Fee ☐ Bulk Bill ☐

DOCTOR'S SIGNATURE AND REQUEST DATE

/ /

COPY REPORTS TO:

HOSPITAL/WARD

REQUESTING PRACTITIONER (Provider Number, Surname, Initials, Address)

OFFICE USE

LU AS BE

Collect Date	Coll. Time	Test Codes	Branch	Ref. No	Lab. No.	Description & Containers	Collector
Received Date	Rec. Time		B/C	Clinic			

Was or will the patient be, at the time of the service or when the specimen was obtained: (✓ appropriate box)

	yes	no
1. a Private patient in a private hospital or approved day hospital facility	☐	☐
2. a Private patient in a recognised hospital	☐	☐
3. a Public patient in a recognised hospital	☐	☐
4. an Outpatient of a recognised hospital	☐	☐

MEDICARE

PATIENT'S SIGNATURE AND DATE

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

/ /

PRACTITIONER'S USE ONLY (Reason patient cannot sign)

Name	Name	Name
DOB	DOB	DOB