

SURNAME, GIVEN NAMES

SEX

DOB

YOUR REFERENCE

PATIENT ADDRESS

PHONE (HOME)

PHONE (WORK)

TESTS REQUESTED

LABORATORY COPY

CLINICAL NOTES

Patient status at the time of service or when the specimen was collected	Yes	No
Private patient in a private hospital or approved day hospital facility	<input type="checkbox"/>	<input type="checkbox"/>
Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
A public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

 URGENT! Phone Fax

BY TIME:

URGENT

 PRIVATE BILL
 SCHEDULE FEE
 HEALTH FUND
 BULK BILL
 VETERAN AFFAIRS NO.

SELF DETERMINED

 YES
 NO
REQUESTING DOCTOR'S SIGNATURE AND REQUEST DATE

SIGNATURE

DATE

COPY REPORT TO

REQUESTING DOCTORS (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)

MANDATORY PATIENT ADVISORY STATEMENT

Your treating practitioner has recommended that you use Gold Coast Pathology. You are free to choose your own pathology provider. However, if your treating practitioner 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 treating practitioner.

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

I offer to assign my rights to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

PRACTITIONER'S USE ONLY

 ANAESTHETISED

REASON PATIENT CANNOT SIGN

PATIENT SIGNATURE

DATE

IMPORTANT

Complete patient name and date of birth prior to attaching label to the specimen. If more than 3 specimens please write details on additional specimens. Labels must be attached **immediately** after the specimen is collected.

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Patients status at the time of service or when the specimen was collected

Private patient in a private hospital or approved day hospital facility	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Private patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
A public patient in a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient of a recognised hospital	<input type="checkbox"/>	<input type="checkbox"/>

Privacy Note: The information provided will be used to assess any Medicare benefit payable for the service(s) rendered and to facilitate the proper administration of government health programs, and may be used to update enrollment 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.

Surgical Audit Data Collection (Select and add relevant details for each specimen)

SPECIMEN LOCATION	Specimen 1	Specimen 2	Specimen 3	Specimen 4	Specimen 5	Specimen 6	Specimen 7	Specimen 8
Nose								
Lip								
Ear								
Eyelid								
Other face								
Scalp								
Neck								
Shoulder								
Chest								
Abdomen								
Back								
Buttock								
Genitalia								
Arm								
Forearm								
Hand Palmar								
Finger								
Finger Palmar								
Finger Nail								
Thigh								
Leg								
Foot								
Foot Planter								
Toe Planter								
Toe Nail								
Toe								
DIAGNOSIS								
BCC								
IEC/Bowens Disease								
SCC								
Keratoacanthoma								
Merkel Cell Tumour								
NSCC Metastasis								
Other Malignant								
Melanoma-insitu								
Melanoma-invasive>1mm								
Melanoma-metastasis								
Naevus-other								
Naevus-dysplastic/Clark								
Naevus-blue								
Naevus-Spitz Reed								
Solar Keratosis								
Solar Lentigo								
Seborrhoeic Keratosis								
Lichenoid Keratosis (LPLK)								
Dermatofibroma								
Sebaceous gland hyperplasia								
Benign cyst								
Benign-other								
PROCEDURE TYPE								
Punch-sample								
Shave-sample								
Incisional								
Punch-removal								
Shave-removal								
Excisional								
Curettage								
Other								
MANAGEMENT								
Ellipse								
Flap								
Wedge								
Graft-SCC								
Graft-FTSG								
Graft-Halo SSG								
No Closure								
Shave/Saucerisation								
Curettage & Cautery								
Liquid N2 Freeze/thaw								
PDT								
Imiquimod								
5 FU cream								
Specialist Referral								
GP Referral								
Other								
Dermoscopy Used: YES/NO								