## RCPA logo 4col small half.gif754642.NATA_SO_NEG1_RGB.JPGAustin Path LR cmykABN 96 237 388063

**SECOND OPINION**

**PATHOLOGY REQUEST**

*A Medicare rebate is available for a second expert pathology opinion only if the treating practitioner and the approved pathology practitioner who provided the original opinion on the patient specimen* ***agree*** *that a second opinion is reasonably necessary for diagnostic purposes.*

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | PATIENT INFORMATION | | | | | | | Surname: | First Name: | | | DOB: | | | Address: | | | | Sex: M / F | | | Medicare Number: | | | | | | | | | | TREATING PRACTITIONER | | | | | | | | | | | Surname: | First Name: | | | | REQUESTING PATHOLOGIST/CLINICIAN | | | | | | | | | | | Surname: | First Name: | | Tel: | | | | | | | | Address: | | | Mobile: | | | | | | | | Provider No: | Email: | | Fax: | | | | | | | | Authorised signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(By signing this you are indicating that this request fulfils the MBS item descriptor above)* | | | Date of request:\_\_\_/\_\_\_/\_\_\_ | | | | | | | | CLINICAL INFORMATION/REASON FOR REFERRAL | | COPY TO DOCTOR | | | | | | | | |  | | Surname  First Name  Address | | | | LABORATORY INFORMATION | | | | | | Originating Pathology Lab: | | **Originating Pathology reference Number:** | | | | | | PLEASE PROVIDE THE FOLLOWING:  1. Completed Second Opinion Pathology Request  2. A copy of the original pathology report  3. If Immunohistochemistry is likely to be required  please enclose a representative paraffin block for  testing. | | **SEND TO:**  **ANATOMICAL PATHOLOGY**  **Austin Pathology,**  **Level 6 Harold Stokes Building**  **145 Studley Road,**  **Heidelberg, VIC 3084**  Tel: (03) 9496 5285  Fax: (03) 9496-3437 | | | | | | | If you would prefer an opinion from a specific pathologist, nominate:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if available) | | |
| **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 provision 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. |

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