PART A: REFERRING CLINICIAN DECLARATION

***A Medicare rebate is available for a second opinion, provided in a written report on a patient specimen, requested by a treating practitioner, where further information is needed for accurate diagnosis and appropriate patient management. (MBS Item 72858 or 72859).***

**Does the patient fulfil the above requirements? YES / NO**

If yes, please fill in declaration and PARTS B-C below.

If not, a fee may apply for the review (please contact NSWHP Liverpool Anatomical Pathology for further information).

**DECLARATION:**

As a treating practitioner for this patient, I confirm that a second opinion is reasonably necessary for diagnostic purposes.

Signature:…………………………………………..................Date: ………………………

Surname………………………..……………………………………..First name…………….…..................................Provider Number:............................................

Address ……………………………………………………......................................................... Ph......................................... Fax......................................

PART B: PATIENT DETAILS

CLINICAL DETAILS:

Patient Identifier (MRN) ……………………………….…....... Date of Birth …../…../……… Surname………………………………………………………….… First name…………………………... Address No. and Street ………………………………………………........................................ Suburb/Town………………………………..………....…..... Post Code…………...... Sex M / F

Phone …………………………………………………………………………………………………………….

Medicare no:

***MEDICARE ASSIGNMENT (Section 20A of health Insurance Act 1973) – to be completed by the patient offering to assign benefits for services on this form. I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determination established as necessary by the practitioner***

Patient signature (or verbal consent documentation)……………………………………………………………………………………………… Date …./.…. / ….

PART C: LABORATORY INFORMATION

Originating pathology laboratory:……………………………………………………………………………..Accession: …………………………………………………….

Date of surgery / biopsy: ….. / ….. / …..

Specify pathologist for consultation: ……………………………………………….. (if not available will be referred to another appropriate pathologist at LIV-AP)

**Please fax this form to:**

NSWHP Liverpool Anatomical Pathology (02) 8738 5328 Phone enquiries: (02) 8738 5380

**Please organise with the original pathologist to send the slides for second opinion and original report to:**

Department of Anatomical Pathology

Locked Bag 7090, Liverpool BC, NSW, 1871

Alternatively, via courier to Liverpool Hospital, Campbell St, Liverpool, NSW, 2170.