

Second Opinion Request Form

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 no, a fee of \$300 will apply. This will be invoiced to the referring laboratory.

DECLARATION:

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

Signature Date:/...../.....

Surname..... Firstname.....

Provider Number..... Ph..... Fax.....

Address

PART B: PATIENT DETAILS

Patient Identifier (MRN)

Date of Birth/...../..... Sex: M / F

Surname.....

First Name.....

Address.....

Suburb/Town.....

Post Code.....

Phone

Medicare no:

Clinical Details:

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:

Date of surgery / biopsy: / / Accession:

Specify pathologist for consultation:
(if not available will be referred to another appropriate pathologist at SydPath)

PLEASE FAX THIS FORM TO:

Anatomical Pathology on (02) 8382 2888 Phone enquiries: (02) 8382 9217

Please organise with the original pathologist to send the slides for second opinion and original report to:
SydPath - Anatomical Pathology
St Vincent's Hospital Sydney
Level 6, Xavier Building, 390 Victoria Street
Darlinghurst NSW 2010