

REQUEST FOR COPY OF REPORT

FACSIMILE

COMPANY:	TO: HISTOLOGY DEPARTMENT
ATTN:	DATE:
FAX NO:	NO. OF PAGES: (including cover sheet)
SUBJECT: REQUEST FOR COPY OF REPORT	

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PLEASE COMPLETE ALL INFORMATION

May we have a copy of Pathology Report on:

Full Name _____

DOB _____

Patient's Signature _____ Date _____

Witness _____ Date _____

I hereby give my permission for my pathology report to be released to the Doctor

Time Range _____

Requesting doctor [Print Name] _____

Requesting Provider Number _____

Doctor's Signature _____ Date _____

Please fax the completed request to (07) 4796 8882

ABN 68 151 578 675

South City One

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