Austpath

SURNAME	GIVEN NAME	DATE OF BIRTH	SEX

ADDRESS	SUBURB	POSTCODE

PHONE NUMBER	MEDICARE/REPAT NUMBER	PATIENTS: CODE / UR NUMBER

PATIENT STATUS AT TIME OF COLLECTION

- ☐ Public patient in a recognised hospital
- ☐ Outpatient of a recognised hospital
- ☐ Private patient in a recognised hospital
- ☐ Private patient in a private hospital approved day hospital facility

CLINICAL NOTES

DOCTOR'S NAME

TESTS REQUESTED

US + FNAB +/- Core Biopsy

URGENT ☐

COPY TO

DOCTOR'S SIGNATURE

DATE

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