Perth Pathology

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Perth Medical Laboratories Pty Ltd (APA) 26 Leura Street, Nedlands WA 6009 Fax: (08) 9389 7836

Patient Title

Patient Surname

Patient Other Names

Patient Sex:

☐ Male

☐ Female

Patient Date of Birth

Patient Address

Record Number:

Phone Number:

	BIOPSY	POLYP(S)
Oesophagus	x	x
O-G-J	x	x
Gastric Body	x	x
Antrum	x	x
Duodenum	x	x
Terminal Ileum	x	x
Caecum	x	x
Ascending Colon	x	x
Hepatic Flexure	x	x
Transverse Colon	x	x
Splenic Flexure	x	x
Descending Colon	x	x
Sigmoid Colon	x	x
Rectum	x	x
Anal Canal	x	x
Anastomosis	x	x
Other	x	x

Tests Requested

Clinical Notes:

SD ☐

Doctor's Signature

....

Date .... /................ /................

Was or will the patient be, at the time of the service or when the specimen is obtained, a hospital in-patient or out-patient:

1. Private patient in a private hospital or approved day hospital facility. ☐ Yes ☐ No
2. Private patient in a recognised hospital. ☐ Yes ☐ No
3. A Medicare (public) patient in a recognised hospital. ☐ Yes ☐ No
4. Outpatient of a recognised hospital. ☐ Yes ☐ No

☐ **Private** ☐ **Bulk Bill**

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