



**Mobile Blood Collection Service**  
 Level 2, 31 Cedric Street,  
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 www.saturnpathology.com.au  
 bookings@saturnpathology.com.au

Medicare Card Number	Dr Jonathan Grasko Dr Yael Grasko Dr Cathy Cole Dr Rosslyn de Wet Dr Clay Gollidge Dr Andrew Dickie Dr Martin Stuckey Dr Meilyn Hew	<b>EPISODE ID</b>
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PATIENT LAST NAME	GIVEN NAME (INCLUDING MIDDLE INITIAL)	SEX	DATE OF BIRTH	YOUR REF
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PATIENT ADDRESS	TEL (MOBILE/HOME)  Email Address
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TESTS REQUESTED	 Scan me to book an appointment	Fasting  Pregnant
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CLINICAL NOTES
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COPY REPORTS TO	REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)
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URGENT	DOCTOR'S SIGNATURE AND REQUEST DATE  X.....
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PATIENT STATUS AT TIME OF SERVICE OR WHEN SPECIMEN COLLECTED  1.Private patient in a private hospital or approved day hospital facility  2.Private patient in a recognised hospital  3.A Medicare (public) patient in a recognised hospital  4.Outpatient of a recognised hospital	YES	NO	MEDICARE ASSIGNMENT (Sector 20A of the Health Insurance Act 1973)  I assign my right to benefits to the approved practitioner who will render the requested pathology service(s).  <b>PRACTITIONER'S USE ONLY</b>  ..... <small>(Reason Patient cannot sign)</small>	PATIENT'S SIGNATURE AND DATE
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<b>BULK BILL PRIVATE CONCESSION VETAFFAIRS</b>	COLLECTOR TO COMPLETE:  I certify that the specimen(s) accompanying this request was/were drawn from the patient stated as established by direct enquiry of the patient and that specimen(s) was/were labelled immediately  I have also signed the sample tube(s).  NAME: _____  SIGN: _____  DATE / TIME: _____	SPECIMENS:
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PRIVACYNOTE: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programmes and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by the law.

Your treating practitioner has recommended that you use Saturn Pathology. You are free to choose your own pathology provider. However, if your treating practitioner has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your treating practitioner.