

LABORATORY NUMBER



**Sullivan
Nicolaides**
PATHOLOGY
Quality is in our DNA

Synacthen Stimulation test - Referral Letter

In accordance with Medicare Australia guidelines, a referral to one of our Pathologists is required for the performance of this test.

(Please disregard if you have already given this form to the patient and have received this request via fax)

PATIENT DETAILS

Patient Name: _____	Date of birth: _____
Address: _____ _____	Phone Home: _____ Mobile: _____ Work: _____

Thank you for seeing the above patient and performing a Synacthen Stimulation test.

REFERRING CLINICIAN DETAILS

Name: _____	Phone: _____	Fax: _____
Address: _____		
Provider No: _____	Signature: _____	Date: _____

Please hand this form and a completed Sullivan Nicolaides Pathology request form to the patient, or return to us by Fax on _____.

*Fee: Please note - Bulk billing is not available for this service

Private patient = Medicare rebate + \$120 out-of-pocket patient contribution

Concession patient = Medicare rebate + \$60 out-of-pocket patient contribution
(Pension, Healthcare & Commonwealth Seniors cardholders)

DVA patient = direct bill to DVA

Appointment required - see www.snp.com.au for collection centres where Synacthen Stimulation is performed.

*Correct at the time of printing - December 2016. Prices may change without notice.
Applicable to outpatient services for patients eligible for Medicare rebate.

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