



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

Patient Name	_____	Date of Birth	_____
Address	_____	Phone	Home _____
	_____		Work _____
			Mobile _____

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

Referring Doctor	_____		
Provider Number	_____		
Address	_____	Signature	_____
Phone	_____		
Fax		Date	_____

Please hand this form and a completed Sullivan Nicolaides Pathology request form to the patient

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

Private patient = Medicare rebate + \$95.00 out-of-pocket patient contribution

Concession patient = Medicare rebate + \$47.50 out-of-pocket patient contribution  
(Pension, Healthcare & Commonwealth Seniors cardholders)

DVA patient = direct bill to DVA

Appointment required – see [www.snp.com.au](http://www.snp.com.au) for collection centres where Synacthen Simulation is performed

\* Correct at the time of printing – August 2011. Prices may change without notice.  
Applicable to outpatient services for patients eligible for Medicare rebate.