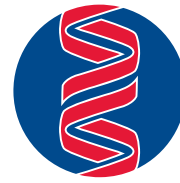


LABORATORY NUMBER



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

Skin Allergy 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)

PATIENT DETAILS

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

Thank you for seeing the above patient and performing a Skin Allergy test.

REFERRING CLINICIAN DETAILS

Name: _____ Phone: _____
Address: _____
Provider No: _____ Signature: _____ 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 + \$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 Skin Allergy is performed.

*Prices correct at the time of printing - October 2017. Prices may change without notice.

Applicable to outpatient services for patients eligible for Medicare rebate.