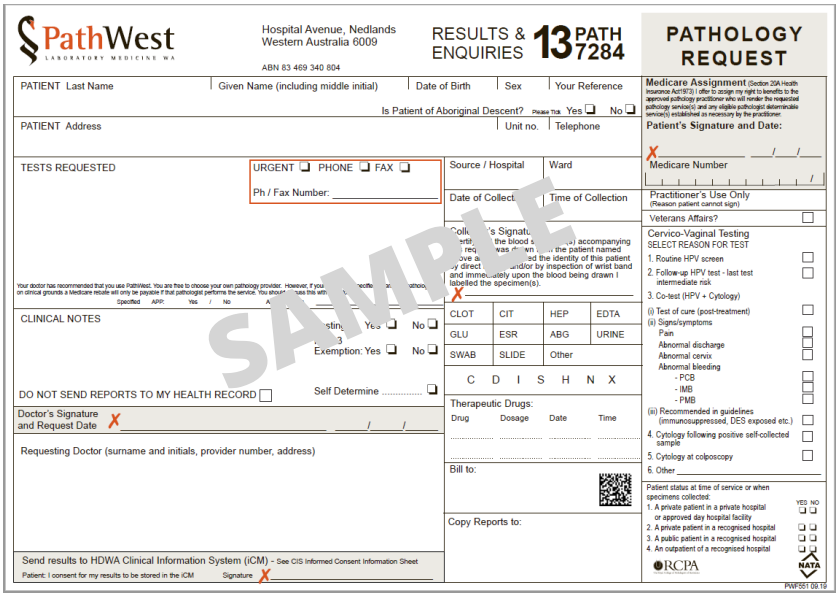
Pathology Request Pads Order Form - Medicare

Repeat Orders

If you have ordered PathWest request pads before, please email a copy of the form you are currently using, with any changes required, to requestpads.pathwest@health.wa.gov.au

New Orders

Please complete the details below and email your completed form to requestpads.pathwest@health.wa.gov.au



Clinic Details

Clinic Name			
Address			
Postal Address			
Telephone		**Fax**	
Doctor Details (up to seven Doctors per pad)			
Doctor Full Name		**Provider Number**	
Doctor Full Name		**Provider Number**	
Doctor Full Name		**Provider Number**	
Doctor Full Name		**Provider Number**	
Doctor Full Name		**Provider Number**	
Doctor Full Name		**Provider Number**	
Doctor Full Name		**Provider Number**	
Quantity required (50 request forms per pad)			