

What is this form for?

- This form is for a patient who is consulting with a GP or specialist regarding a pathology test ordered at Skin Check WA.
- The lesion has been biopsied but a subsequent abnormal or equivocal result has not been discussed.
- This form brings clarity on the followup of the lesion and the result.
- The form needs to be printed on the doctor's letterhead with an address and contact details.
- Please allow 3 business days for processing.

Skin Check WA
Phone: +61 8 9271 2522
Fax: +61 8 9271 2622
Email: info@skincheckwa.com.au

RE: Patient Full Name: _____
Patient DOB: ___ / ___ / ___
Approximate date of pathology report: ____ (month) / 20 ____

I agree to follow up an abnormal or equivocal pathology result and continue care for the above patient.

Please forward the result by fax email mail

Doctor Signature: _____

Doctor's Name: _____

Date: ___ / ___ / ____

----- **OFFICE USE BELOW** -----

- Nurse - check and print histology report(s)
Nurse initial: ____
- Treating doctor - verify records and results
Doctor initial: ____
- Staff - sent date: ___/___/___ and scan form into BP
Staff initial: ____