Bupa Medical Visa Services

Customer Results Request - Pathology



- Please complete all details in Sections A, B, and C; and refer to Section D below on how to submit your request.

A. CUSTOMER DETAILS						
Title Mr Mrs	Ms	Miss Dr				
Last Name			First Name			
HAP ID			///			
Mobile						
Current Address						
B. DETAILS OF REQUES	ST					
Date of Service	/	/	Clinic Name			
C. DECLARATION AND SIGNATURE						
Declaration: I, the requester, declare the information I have provided on this form to be true. I understand that Healius will rely on this information to decide whether to deliver confidential health information. A false declaration by me may render me liable to civil or criminal prosecution under the Privacy Act 1988 (Cth) or other Australian law.						
Name of Customer (Reque	ester)					
Signature of Customer			Date///			
Note: No request for results wi	ill be actioned wi	thout signature				
D. SUBMITTING YOUR REQUEST						

Please submit form to the corresponding email address in your state below;

CLINIC LOCATION	HEALIUS LABORATORY	WEBSITE ADDRESS	EMAIL ADDRESS
South Australia	Abbott Pathology	abbottpathology.com.au	Contact@abbottpathology.com.au
Queensland	QML Pathology	<u>qml.com.au</u>	CallCentreAdmin.qml@qml.com.au
Victoria	Dorevitch Pathology	dorevitch.com.au	RequestForMedicalRecords@dorevitch.com.au
New South Wales & ACT	Laverty Pathology	laverty.com.au	LAV clientcare@laverty.com.au
Western Australia	Western Diagnostic Pathology	wdp.com.au	wdp_dataentryteamleaders@wdp.com.au
Tasmania	TML Pathology	tmlpath.com.au	CallCentreAdmin.qml@qml.com.au
Northern Territory	Western Diagnostic Pathology	wdp.com.au	wdp_dataentryteamleaders@wdp.com.au

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