

**PATHOLOGISTS • PATOLOË**

Drs. Du Buisson, Bruinette & Kramer Inc./Ing.

TR 0520005200431



PLEASE PLACE BARCODE HERE



www.ampath.co.za

<b>REFERRING DOCTOR</b>		DR E LANE		P2421		<b>COPY DOCTOR</b>	
<b>PATIENT DETAILS</b>				<b>PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT</b>			
HAVE YOU VISITED ANY OF OUR BRANCHES BEFORE? <input type="checkbox"/> Y <input type="checkbox"/> N							
ID NO				SURNAME & INITIALS			
SURNAME				LANGUAGE		E <input type="checkbox"/> A <input type="checkbox"/>	
INITIALS & FIRST NAME				TITLE			
DATE OF BIRTH		D D M M Y Y Y Y		SEX		M <input type="checkbox"/> F <input type="checkbox"/>	
HOSPITAL/FOLIO NO.				EMPLOYER			
-ATTENT				E-MAIL			
I give consent for tests and guarantee payment of any amounts. I verify that all information is correct		<b>PATIENT SIGNATURE:</b>		MEDICAL AID			
HOSPITAL PATIENT		SPECIMEN: FASTING <input type="checkbox"/> RANDOM <input type="checkbox"/>		MEDICAL AID/RECEIPT/COJ NO.			
COLL. DATE		COLL. TIME		AUTHORISATION NO.		DEP. CODE	
COLL. BY				PATIENT MEMBERSHIP CARD VERIFIED		Y <input type="checkbox"/> N <input type="checkbox"/>	
SPECIAL INSTRUCTIONS		FAX		ACCOUNT NUMBER			
PRIORITY		ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/> STAT <input type="checkbox"/>		MRI NUMBER			
SPEC. CONTAINER:							

**SHORT LOG**

DH 40 Handling fee.

Urgent collection

Routine collection

C: Do not log any tests.

C: Please send all specimens to:  
Send Away Lab  
614 Pretorius Street  
Arcadia, Pretoria  
Attention: Engela Claassen (012 - 427 1800)

C: Any comments about the specimen to be sent to emily.lane@hixnet.co.za