

This form is for a GP / Specialist who agrees to follow up an abnormal or equivocal pathology result and continue the skin related care of a patient. Form needs to be printed on Doctor's letterhead with address and contact details.

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

If by email, I accept that email communication is not secure and it is possible that it can be intercepted and/or received by unintended persons.

Doctor Signature : _____

Date: ___ / ___ / ____

Please allow 3 business days for processing.

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

SCWA NURSE Name: _____
 Nurse to check and print histology report(s)

SCWA Treating DOCTOR: _____
 Doctor initial: ____

SCWA STAFF Name: _____
 Sent Date: ___ / ___ / ____
 This form scanned into BP