



**Patient Results Release Form**

**MyLab Pathology**

**Ph: 07 3726 1020 Fax: 07 3277 3744**

Dear Dr: \_\_\_\_\_ please find attached MyLab patient release form.

Please complete the details below and return this form to us. This will allow timely processing of your request for Patient Pathology Report.

Patients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Patients Signature: \_\_\_\_\_

The Medical Records as listed above are to be released to

Name of Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Requesting Doctor: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Requesting Doctor / Clinic Staff

\_\_\_\_\_  
Signature

*Please fax to 07 3277 3744 or scan email to [admin@my-lab.com.au](mailto:admin@my-lab.com.au)*