



Patient Results Release Form

MyLab Pathology

MyLab Pathology requires written permission from a patient to release medical results to clinicians or medical facilities that are not the original referring doctor. Please complete the details below and return this form to us. This will allow timely processing of your results request. Thank you.

Patient name: _____ Date of Birth: _____

Address: _____

Notes on requested results (e.g. request number, site on body, date of original surgery):

I _____, give permission for my medical results held by MyLab Pathology to be released to the doctor and/or medical clinic listed on this form.

Patient signature: _____

Requesting doctor: _____ Provider Number: _____

Clinic: _____

Clinic Address: _____

Phone number: _____

Fax number: _____

HealthLink EDI (if applicable): _____

Requesting doctor signature: _____

Comments: _____

Please fax this form to (07) 32777 3744 or email to admin@mylab.com.au