



# Secure send templates

Last Modified on 10/01/2024 8:27 am AEDT

## Pathology and Radiology referrals

To use **Secure Send** for laboratory referrals, Zedmed's 'PathologyZedmedRequestForm' or 'RadiologyZedmedRequestForm' templates are used because lab-specific templates rely on laboratory paper. To support these templates, the practice will need to create a pathology addressee with the pathology template and a radiology addressee with the radiology template in the Clinical **Address Book**.

## RadiologyZedmedRequestForm

 ZEDMED	<b>Radiology Request Form</b>	Reference No. 7
<b>Patient Details</b>		
Jones, Mr Happy 1 Ellerston Ave ISABELLA PLAINS 2905	Sex at birth: M PH: MOB: 0408509482	DOB: 04/12/1964 Medicare No.: 29508620412 Vet Affairs/ Work Comp No.:
<b>Tests Requested</b>	<b>Clinical Details</b>	
X-Ray (Back lower)	Back pain;	
<b>Referring Doctor (Name, Address, Provider No.)</b>		
Dr Phillip Davis 2121331W Branch 1 Level 3, 60 Albert Road SOUTH MELBOURNE 3205		
<b>Doctor's Signature</b>	<b>Copy Reports To</b>	
		
Request Date: 19/12/2023	Do not send reports to My Health Record <input checked="" type="checkbox"/>	

## PathologyZedmedRequestForm

**Patient Details**

Jones, Mr Happy 1 Ellerston Ave ISABELLA PLAINS 2905	Sex at birth: M PH: MOB: 0408509482	DOB: 04/12/1964 Medicare No.: 29508620412 Vet Affairs / Work Comp No.:
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**Tests Requested**

Ferritin; Full blood count

- Cervical Cytology
- Fasting
- Non Fasting
- Pregnant
- Horm Therapy
- LMP
- EDC
- Cervix
- Vaginal Vault
- Endometrium
- Other
- Post Natal
- Post Menopausal
- Radio Therapy
- IUCD
- Abnormal Bleeding
- Benign
- Suspicious

**Clinical Notes (including relevant**

Abdominal Pain;

 Do not send reports to My Health Record 

**PERSON COLLECTING SPECIMEN(S) TO COMPLETE:**  
I certify that the pathology specimen accompanying the request was collected from the patient stated above as established by direct enquiry and/or inspection of wrist band.

Signed: .....

Speciment Date &amp; Time: ..../..../.....Hrs

**REQUESTING DOCTOR'S SIGNATURE  
AND REQUEST DATE**

  
19/12/2023

Urgent  Phone  Fax  By Time 21/12/2023 3:04:50 P  
 Phone/Fax No. 03 9284 3300  
 Private  Concession  Bulk Bill

**Copy Reports To**
**Referring Doctor (Name, Address, Provider No.)**

 Dr Phillip Davis  
2121331W  
Branch 1  
Level 3, 60 Albert Road  
SOUTH MELBOURNE 3205

**Medicare Assignment:** (Section 20A of the *Health Insurance Act 1973*) I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s). **Patient Account Statement:** Your doctor has requested tests, according to clinical need. Some of these tests may not be eligible for Medicare rebate, for which you will receive an account.

Patient's Signature

Date

Practitioner's Use Only