

Bupa Medical Visa Services



Customer Results Request - Pathology

- Please complete all details in Sections A, B, and C; and refer to Section D below on how to submit your request.
- Results will be delivered by mail to the postal address shown below.

A. CUSTOMER DETAILS

Title Mr Mrs Ms Miss Dr

Last Name First Name

HAP ID Date of Birth / /

Mobile

Current Address

.....

B. DETAILS OF REQUEST

Date of Service / / Clinic Name

C. DECLARATION AND SIGNATURE

Declaration: I, the requester, declare the information I have provided on this form to be true. I understand that Healius will rely on this information to decide whether to deliver confidential health information. A false declaration by me may render me liable to civil or criminal prosecution under the Privacy Act 1988 (Cth) or other Australian law.

Name of Customer (Requester)

Signature of Customer Date / /

Note: No request for results will be actioned without signature

D. SUBMITTING YOUR REQUEST

Please submit form to the corresponding email address in your state below;

CLINIC LOCATION	HEALIUS LABORATORY	WEBSITE ADDRESS	EMAIL ADDRESS
South Australia	Abbott Pathology	abbottpathology.com.au	Contact@abbottpathology.com.au
Queensland	QML Pathology	qml.com.au	CallCentreAdmin.qml@qml.com.au
Victoria	Dorevitch Pathology	dorevitch.com.au	RequestForMedicalRecords@dorevitch.com.au
New South Wales & ACT	Laverty Pathology	laverty.com.au	LAV_clientcare@laverty.com.au
Western Australia	Western Diagnostic Pathology	wdp.com.au	wdp_dataentryteamleaders@wdp.com.au
Tasmania	TML Pathology	tmlpath.com.au	CallCentreAdmin.qml@qml.com.au
Northern Territory	Western Diagnostic Pathology	wdp.com.au	wdp_dataentryteamleaders@wdp.com.au

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