



# Secure send templates

Last Modified on 10/02/2025 1:17 pm 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

		<b>Radiology Request Form</b>		Reference No. 7
<b>Patient Details</b>				
Jones, Mr Happy		Sex at birth: M	DOB: 04/12/1964	
1 Ellerston Ave		PH:	Medicare No.: 29508620412	
ISABELLA PLAINS 2905		MOB: 0408509482	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.:

## Tests Requested

Ferritin; Full blood count

Cervical Cytology   
Fasting   
Non Fasting   
Pregnant   
Horm Therapy   
LMP  
EDC

## Clinical Notes (including relevant

Abdominal Pain;

Cervix   
Vaginal Vault   
Endometrium   
Other   
Post Natal   
Post Menopausal   
Radio Therapy   
IUCD   
Abnormal Bleeding   
Benign   
Suspicious

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 & 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 .....