

WHOLE OF PRACTICE REQUEST FOR PAPERLESS REPORTING

In order for PathWest Laboratory Medicine WA to turn off hard copy reporting, An authorised representative from the practice must sign this authorisation on behalf of all doctors (including any additional future doctors) in the practice. If a doctor from your practice has a preference to receive hard copies, please provide details using the table provided below.

Please fax the completed form to Fax number **9381 1704**.

Practice Name		Telephone	
Address		Fax	
Authorised by		Position at practice	
Signature		Date	

All Doctors in this Practice require Paperless Reporting with the exception of those below.

EXCEPTIONS

Doctor's Name	Provider Number	Signature	(Office Use Only) Ultra Number

Date: _____ **Date Effective:** _____

Office Use Only

Service Call number

PWD Practice Code

Set up date Copy to Records Copy to 6457 7369