molemap
BY DERMATOLOGISTS

Total Body Photography Request Form

Fax to 1800 665 332

AFFIX PATIENT LABEL HERE OR COMPLETE

Family name _____

First name _____

Medicare number _____

Postal address _____

_____ Postcode _____

DOB _____ Gender M / F / Other

Tel _____

Email _____

REQUESTING PRACTITIONER DETAILS

Doctor's name _____

Practice address _____

_____

_____

_____

Tel _____

Email _____

Doctor's signature _____

REQUIRED

- TBP only (standard set of high-resolution body shots) ☐ Online access ☐ A4 prints ☐ CD
- TBP Plus (TBP + dermoscopic and clinical imaging) ☐ Online access

Relevant medical history _____

_____

Contact us | Ph 1800 665 362 | Fax 1800 665 332 | molemap.net.au | enquiries@molemap.net.au