DERMPATH DIAGNOSTICS®

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DP000001

DERMATOPATHOLOGY REQUISITION

PATIENT INFORMATION

NAME (LAST, FIRST, MI)

ADDRESS (STREET)

CITY, STATE, ZIP CODE

PHONE NUMBER | SOCIAL SECURITY NUMBER

DATE OF BIRTH / / | AGE | SEX ☐ Female ☐ Male | PATIENT ID#

DOCTOR/CLINIC (Circle authorized submitting provider)

COPY TO: FAX#:

BILLING / INSURANCE (OR ATTACH COPY OF INSURANCE CARD - BOTH SIDES)

BILL:
- ☐ CLIENT
- ☐ INSURANCE
- ☐ PATIENT
- ☐ MEDICARE
- ☐ MEDICAID
- ☐ WORKERS COMP
- ☐ OTHER

INSURANCE Insurance Information Attached ☐

NAME/RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ DEPENDENT

SPECIMEN COLLECTION DATE / /

INSURANCE COMPANY NAME | EMPLOYER NAME

ADDRESS | GROUP/CONTRACT # | MEMBER ID #

CITY | STATE | ZIP | MEDICARE # | MEDICAID ID #

CLINICAL INFORMATION

SITE	CHECK:	MARGINS?	CLINICAL DIAGNOSIS AND HISTORY
A	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	☐ IMMUNOFLUORESCENCE
B	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	☐ IMMUNOFLUORESCENCE
C	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	☐ IMMUNOFLUORESCENCE
D	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	☐ IMMUNOFLUORESCENCE
E	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	☐ IMMUNOFLUORESCENCE
F	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	☐ IMMUNOFLUORESCENCE

PHYSICIAN'S SIGNATURE (Required in NY, NJ, MA and PA) X _____ **DATE**

FOR LAB USE ONLY

ICD-9 Codes:

Difficult cases sometimes require additional diagnostic stains to assist the dermatopathologist in making a definitive diagnosis. These diagnostic stains may result in additional charges.

Saint Luke's Pathology Associates, PA
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WHITE-DermPath Copy CANARY-Physician's Copy

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