DERMPATH DIAGNOSTICS®
RICHFIELD LABORATORY OF DERMATOPATHOLOGY

DERMATOPATHOLOGY REQUISITION

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SURGERY DATE: ____/____/____

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.

STREET ADDRESS	APT. #

CITY	STATE	ZIP CODE

DATE OF BIRTH	AGE	SEX	PATIENT ID
/ /			

PHYSICIAN INFORMATION

LAB USE ONLY **SITE 1**

MEAS. CODE _____

BLOCKS _____ **ATS** _____ **AGG** _____ **DYED** _____ **FR** _____ **FL**_____

Bx TYPE:
☐ SHAVE
☐ PUNCH
☐ EXCISION
☐ OTHER

HISTORY/PREVIOUS BIOPSIES: **MARGINS?** ☐

CLINICAL IMPRESSION:

LAB USE ONLY **SITE 2**

MEAS. CODE _____

BLOCKS _____ **ATS** _____ **AGG** _____ **DYED** _____ **FR** _____ **FL**_____

Bx TYPE:
☐ SHAVE
☐ PUNCH
☐ EXCISION
☐ OTHER

HISTORY/PREVIOUS BIOPSIES: **MARGINS?** ☐

CLINICAL IMPRESSION:

LAB USE ONLY **SITE 3**

MEAS. CODE _____

BLOCKS _____ **ATS** _____ **AGG** _____ **DYED** _____ **FR** _____ **FL**_____

Bx TYPE:
☐ SHAVE
☐ PUNCH
☐ EXCISION
☐ OTHER

HISTORY/PREVIOUS BIOPSIES **MARGINS?** ☐

CLINICAL IMPRESSION:

LAB USE ONLY **SITE 4**

MEAS. CODE _____

BLOCKS _____ **ATS** _____ **AGG** _____ **DYED** _____ **FR** _____ **FL**_____

Bx TYPE:
☐ SHAVE
☐ PUNCH
☐ EXCISION
☐ OTHER

HISTORY/PREVIOUS BIOPSIES: **MARGINS?** ☐

CLINICAL IMPRESSION:

BILLING/INSURANCE INFORMATION (Attach a copy of insurance card – both sides)

BILL

☐ INSURANCE
☐ PATIENT
☐ MEDICARE
☐ MEDICAID
☐ PHYSICIAN

SUBSCRIBER PRIMARY INSURANCE			SUBSCRIBER SECONDARY INSURANCE		
SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: ☐ Self ☐ Spouse ☐ Dependent			SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: ☐ Self ☐ Spouse ☐ Dependent		
INSURANCE NAME			INSURANCE NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
EMPLOYER NAME			EMPLOYER NAME		
SUBSCRIBER DOB: / /	GROUP/CONTRACT #	MEMBER ID#	SUBSCRIBER DOB: / /	GROUP/CONTRACT #	MEMBER ID#
SUBSCRIBER SEX: ☐ Male ☐ Female	MEDICARE ID#	MEDICAID ID#	SUBSCRIBER SEX: ☐ Male ☐ Female	MEDICARE ID#	MEDICAID ID#

PHYSICIAN'S SIGNATURE (Required in NY, MA, and PA) X_____DATE_____

In some cases, additional diagnostics stains may be required for proper evaluation as deemed appropriate by the Dermpath Diagnostics Dermatopathologist. These additional tests will result in additional charges.