PODIATRY REQUISITION

Institute for Podiatric Pathology®
A Dermpath Diagnostics® Practice

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PHYSICIAN / CLINIC INFORMATION

DATE COLLECTED: ____/____/____ TIME COLLECTED: _____

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		APT. #
CITY	STATE	ZIP CODE
PHONE NUMBER	DATE OF BIRTH / /	AGE / SEX
PATIENT ID		

BILLING / INSURANCE (ATTACH A COPY OF INSURANCE CARD – BOTH SIDES)

BILL:	SUBSCRIBER PRIMARY INSURANCE			SUBSCRIBER SECONDARY INSURANCE		
	SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: ☐ Self ☐ Spouse ☐ Dependent			SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: ☐ Self ☐ Spouse ☐ Dependent		
☐ INSURANCE	INSURANCE NAME			INSURANCE NAME		
☐ PATIENT	ADDRESS			ADDRESS		
☐ MEDICARE	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
☐ MEDICAID	EMPLOYER NAME			EMPLOYER NAME		
☐ PHYSICIAN	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#

ADDITIONAL CLINICAL INFORMATION/ICD CODES (IF A CLINICAL IMAGE IS AVAILABLE PLEASE PRINT AND ATTACH)

CLINICAL INFORMATION

SPECIMEN # 1 ☐ LEFT ☐ RIGHT ☐ BIOPSY ☐ EXCISION

SKIN/SOFT TISSUE
- ☐ DERMATITIS *(Tinea/Eczema/Stasis)*
- ☐ PIGMENTED LESION *(Nevus/Melanoma)*
- ☐ TUMOR *(Verruca/IPK/Carcinoma)*
- ☐ ULCER *(Rule out Neoplasm)*
- ☐ NEEDLE ASPIRATION
- ☐ OTHER _____

NAIL UNIT

Nail Unit Dystrophy *(Onchomycosis/Trauma)*
- ☐ PAS with Histopathology *(24-48 hr turnaround)*
- ☐ PAS with Histopathology & Fungal Culture
- ☐ Fungal Culture *(3-6 week turnaround)*

- ☐ PIGMENTED LESION *(Nevus/Melanoma)*
- ☐ NON-PIGMENTED LESION *(Verruca/IPK/Carcinoma)*
- ☐ OTHER _____

BONE
- ☐ OSTEOMYELITIS *(Infectious)*
- ☐ DEGENERATIVE JOINT DISEASE *(Hallus abducto-valgus/Hammer toe)*
- ☐ OTHER _____

BACTERIOLOGY
- ☐ CULTURE
- ☐ CULTURE AND SENSITIVITY
- ☐ ANAEROBIC *(required anaerobic swab)*

SPECIMEN # 2 ☐ LEFT ☐ RIGHT ☐ BIOPSY ☐ EXCISION

SKIN/SOFT TISSUE
- ☐ DERMATITIS *(Tinea/Eczema/Stasis)*
- ☐ PIGMENTED LESION *(Nevus/Melanoma)*
- ☐ TUMOR *(Verruca/IPK/Carcinoma)*
- ☐ ULCER *(Rule out Neoplasm)*
- ☐ NEEDLE ASPIRATION
- ☐ OTHER _____

NAIL UNIT

Nail Unit Dystrophy *(Onchomycosis/Trauma)*
- ☐ PAS with Histopathology *(24-48 hr turnaround)*
- ☐ PAS with Histopathology & Fungal Culture
- ☐ Fungal Culture *(3-6 week turnaround)*

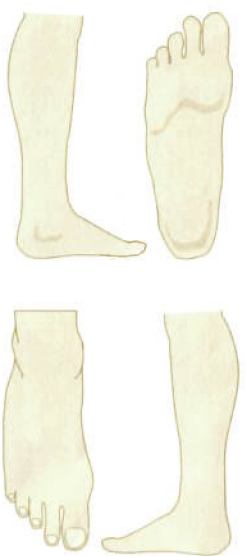
- ☐ PIGMENTED LESION *(Nevus/Melanoma)*
- ☐ NON-PIGMENTED LESION *(Verruca/IPK/Carcinoma)*
- ☐ OTHER _____

BONE
- ☐ OSTEOMYELITIS *(Infectious)*
- ☐ DEGENERATIVE JOINT DISEASE *(Hallus abducto-valgus/Hammer toe)*
- ☐ OTHER _____

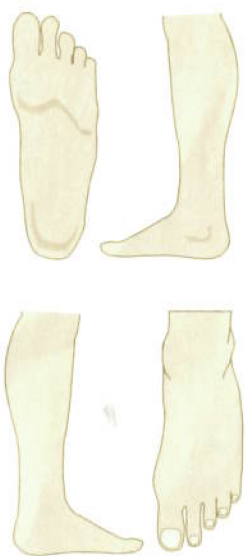
BACTERIOLOGY
- ☐ CULTURE
- ☐ CULTURE AND SENSITIVITY
- ☐ ANAEROBIC *(required anaerobic swab)*

INDICATE SITE WITH SPECIMEN # (1, 2)

RIGHT



LEFT



Ordering provider signature, credentials & date requested (Required by certain payers)

SIGNATURE: _____ DATE: ____/____/____

SPECIMEN CONTAINER MUST INCLUDE PATIENT NAME

www.PodiatricPathology.com

In some cases, additional diagnostic stains may be required for proper evaluation as deemed appropriate by the Dermpath Diagnostics Dermatopathologist. Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient. These additional tests will result in additional charges.

LAB USE