DERMPATH DIAGNOSTICS®
CENTRAL FLORIDA

DERMATOPATHOLOGY REQUISITION

DATE COLLECTED: ____/____/____

☐ IMMUNOFLUORESCENCE ☐ RUSH ☐ FROZEN SECTION ☐ SLIDE PREP

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.

STREET ADDRESS	APT. #

CITY	STATE	ZIP CODE

PATIENT PHONE NUMBER	PATIENT SOCIAL SECURITY NUMBER

DATE OF BIRTH / /	AGE	SEX	PATIENT ID

PHYSICIAN/CLIENT INFORMATION

BILLING / INSURANCE INFORMATION (attach a copy of insurance card - both sides)

BILL:

☐ INSURANCE
☐ PATIENT
☐ MEDICARE
☐ MEDICAID
☐ PHYSICIAN

SUBSCRIBER PRIMARY INSURANCE

SUBSCRIBER NAME/ RELATIONSHIP TO SUBSCRIBER ☐ Self ☐ Spouse ☐ Dependent

COMPANY NAME

ADDRESS

CITY	STATE	ZIP CODE

EMPLOYER NAME

SUBSCRIBER DOB: / /	GROUP/CONTRACT#	MEMBER ID #

SUBSCRIBER SEX: ☐Male ☐ Female	MEDICARE #	MEDICAID ID #

SUBSCRIBER SECONDARY INSURANCE

SUBSCRIBER NAME/ RELATIONSHIP TO SUBSCRIBER ☐ Self ☐ Spouse ☐ Dependent

COMPANY NAME

ADDRESS

CITY	STATE	ZIP CODE

EMPLOYER NAME

SUBSCRIBER DOB: / /	GROUP/CONTRACT#	MEMBER ID #

SUBSCRIBER SEX: ☐Male ☐ Female	MEDICARE #	MEDICAID ID #

SEND DUPLICATE REPORT TO: ADDRESS / FAX:

CLINICAL INFORMATION

SITE	CHECK:	MARGINS?	CLINICAL DIAGNOSIS AND HISTORY
1	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
2	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
3	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
4	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
5	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
6	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	

PHYSICIAN'S SIGNATURE REQUIRED IN NY, NJ, MA, AND PA X _____ **DATE** _____

DIFFICULT CASES SOMETIMES REQUIRE ADDITIONAL DIAGNOSTIC STAINS TO ASSIST THE DERMATOPATHOLOGIST IN MAKING A DEFINITIVE DIAGNOSIS. THE DIAGNOSTIC STAINS MAY RESULT IN ADDITIONAL CHARGES.

FOR LAB USE ONLY

ICD-9 Codes:

Dermpath Diagnostics • 745 Orienta Avenue, Suite 1201 • Altamonte Springs, FL 32701 • 1-800-226-8968 • Tel: (407) 260-0158 • Fax: (407) 339-2906 • www.dermpathdiagnostic.com