DERMPATH DIAGNOSTICS®
INSTITUTE FOR DERMATOPATHOLOGY

DERMATOPATHOLOGY REQUISITION

☐ **INSTITUTE DIVISION**
E. MICHAEL KRAMER, MD
MARIO DILEONARDO, MD
KENNETH RESNIK, MD
SUSANNE NUSSEN LEE, MD
JUDITH KIM, MD
L. DAVID HALL, MD
ERICA RUSHING, MD

☐ **DELAWARE VALLEY DIVISION**
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(P) 800.257.0117
(F) 610.550.3079
3805 WEST CHESTER PIKE
BUILDING D SUITE 120
NEWTOWN SQUARE, PA 19073

DATE COLLECTED ____/____/____ ☐ IMMUNOFLUORESCENCE ☐ RUSH

PATIENT INFORMATION

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

PHYSICIAN INFORMATION

DUPLICATE REPORT TO: _____ ADDRESS: _____

BILLING / INSURANCE

BILL:
☐ INSURANCE
☐ PATIENT
☐ MEDICARE
☐ MEDICAID
☐ PHYSICIAN

SUBSCRIBER PRIMARY INSURANCE (attach a copy of insurance card - both sides)

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 (attach a copy of insurance card - both sides)

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#

CLINICAL INFORMATION

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

NUMBER(S) OF PREVIOUS REPORTS _____ **PHYSICIAN'S SIGNATURE** REQUIRED IN NY, NJ, MA, PA AND WV X _____ **DATE** _____

IN SOME CASES, ADDITIONAL DIAGNOSTIC STAINS MAY BE REQUIRED FOR PROPER EVALUATION AS DEEMED APPROPRIATE BY THE DERMPATH DIAGNOSTICS DERMATOPATHOLOGIST. THESE ADDITIONAL TESTS WILL RESULT IN ADDITIONAL CHARGES.

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D	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
E	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
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