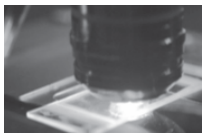

DERMATOPATHOLOGY AND IMMUNOFLUORESCENCE REQUISITION

CARLOS H. NOUSARI, M.D.
DIRECTOR,
For any questions or concerns regarding this testing and/or patient management, please do not hesitate to contact Dr. Nousari at (cell) 561.543.6199 or cnousari@dermpathif.com

DATE COLLECTED: ____/____/____ ☐ RUSH

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 / /	SEX	AGE / RACE

PHYSICIAN INFORMATION

BILLING / INSURANCE

BILL:

☐ INSURANCE
☐ PATIENT
☐ MEDICARE
☐ MEDICAID
☐ PHYSICIAN
☐ INTRACOMPANY

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: (MM/DD/YY)	GROUP/CONTRACT #	MEMBER ID#
SUBSCRIBER SEX: ☐ Male ☐ Female	MEDICARE #	MEDICAID ID#

PATIENT'S SIGNATURE X _____ **DATE** _____

SKIN SPECIMENS (SEE REVERSE FOR DISEASE AND TESTING DETAILS)

SITE			CLINICAL DIAGNOSIS AND HISTORY / GROSS DESCRIPTION
A	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
B	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
C	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
D	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
E	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
F	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
CPT CODES			

REQUEST FOR ADDITIONAL SUPPLIES: ☐ SUPPLY KITS: ☐ FED EX ☐ REQUISITIONS

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

ICD-9 Codes:

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.

DPL-051-0034 8/09

INSTITUTE FOR IMMUNOFLUORESCENCE
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