PODIATRY REQUISITION

INSTITUTE FOR PODIATRIC PATHOLOGY
A Dermpath Diagnostics Practice

PHYSICIAN/CLINIC INFORMATION

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

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.

STREET ADDRESS	APT. #

CITY	STATE	ZIP CODE

PHONE NUMBER	SOCIAL SECURITY NUMBER

DATE OF BIRTH	AGE	SEX	PATIENT ID
/ /			

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#

ADDITIONAL CLINICAL INFORMATION/ICD-9 CODES (IF 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 *(Onychomycosis/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 *(Hallux abducto-valgus/Hammer toe)*
- ☐ OTHER_____

BACTERIOLOGY
- ☐ CULTURE
- ☐ CULTURE AND SENSITIVITY
- ☐ ANAEROBIC *(requires 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 *(Onychomycosis/Trauma)*
- ☐ PAS with Histopathology *(24-48 hr turnaround)*
- ☐ PAS with Histopathology & Fungal Culture
- ☐ Fungal Culture *(3-6 week turnaround)*
- ☐ PAS with Histopathology & PCR

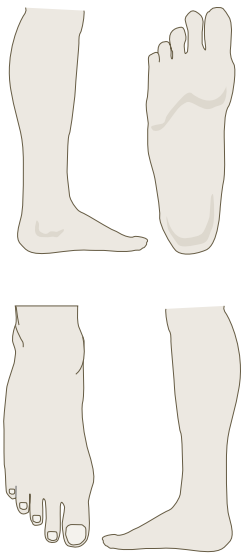
- ☐ PIGMENTED LESION *(Nevus/Melanoma)*
- ☐ NON-PIGMENTED LESION *(Verruca/IPK/Carcinoma)*
- ☐ OTHER_____

BONE
- ☐ OSTEOMYELITIS *(Infectious)*
- ☐ DEGENERATIVE JOINT DISEASE *(Hallux abducto-valgus/Hammer toe)*
- ☐ OTHER_____

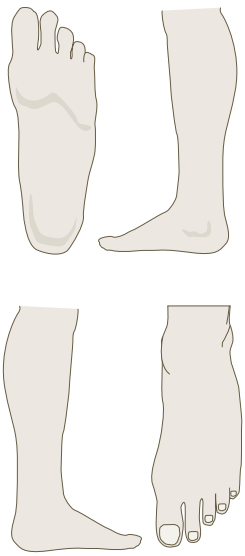
BACTERIOLOGY
- ☐ CULTURE
- ☐ CULTURE AND SENSITIVITY
- ☐ ANAEROBIC *(requires anaerobic swab)*

INDICATE SITE WITH SPECIMEN # (1, 2)

RIGHT



LEFT



PHYSICIAN SIGNATURE (Required in NY, NJ, MA, PA and WV)

SIGNATURE: _____ DATE: ____/____/____

SPECIMEN CONTAINER MUST INCLUDE PATIENT NAME AND SITE

www.PodiatricPathology.com

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.