

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	SUBSCRIBER PRIMARY INSURANCE	SUBSCRIBER SECONDARY INSURANCE
<input type="checkbox"/> INSURANCE	SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent INSURANCE NAME	SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent INSURANCE NAME
<input type="checkbox"/> PATIENT	ADDRESS	ADDRESS
<input type="checkbox"/> MEDICARE	CITY STATE ZIP CODE	CITY STATE ZIP CODE
<input type="checkbox"/> MEDICAID	EMPLOYER NAME	EMPLOYER NAME
<input type="checkbox"/> PHYSICIAN	SUBSCRIBER DOB: / / GROUP/CONTRACT # MEMBER ID#	SUBSCRIBER DOB: / / GROUP/CONTRACT # MEMBER ID#
	SUBSCRIBER SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female MEDICARE ID# MEDICAID ID#	SUBSCRIBER SEX: <input type="checkbox"/> Male <input type="checkbox"/> 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

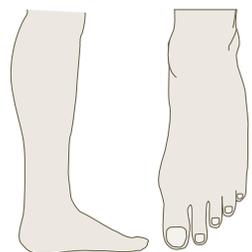
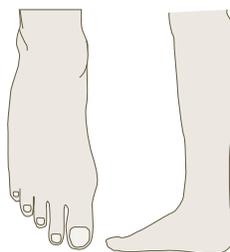
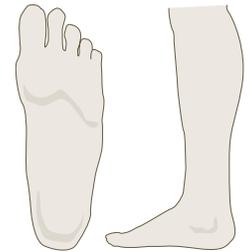
CULTURE AND SENSITIVITY

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