



Request for Dermatopathology Consultation

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IS THIS A RUSH CASE? _____

BILL DOCTOR BILL PATIENT / INSURANCE - PLEASE REMEMBER TO ATTACH ALL BILLING INFORMATION

| | | | |
|---|----------------|--------------------------|-------------------------------|
| Chart No. | Date Collected | Time Collected | Physician |
| Name (Last, First, Middle) | | | SSN |
| Address (Include apartment no.) | | | Race |
| | | DOB | Sex |
| City | State | Zip Code | Phone |
| Responsible Party (If other than the patient) | | SSN of Responsible Party | Employer of Responsible Party |
| Insurance Name | | Group No. | Policy / ID No. |

CLINICAL HISTORY & PHYSICAL FINDINGS (PLEASE SPECIFY PATIENT'S RACE IN CASES OF SUSPECTED MALIGNANCY)

| | SPECIMEN SITE | CLINICAL DIAGNOSIS | SPECIAL REQUESTS (Margins, Stains, Immuno, etc.) |
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