



- Payor
- Patient
 - PPO
 - Medi-Cal
 - Medicare
 - Inpatient
 - Outpatient
 - Client
 - Other



DIAGNOSTIC TESTS • ANATOMIC PATHOLOGY

HMO Insurance Authorization # _____

Patient/health plan will receive 2 bills; technical (lab) and professional (M.D.) charges are billed separately.

Insurance Info: Attach a copy of front & back of Insurance card or face-sheet.

For Lab Use Only

Requisition #

ICD9 Code(s) - REQUIRED INFORMATION

Copies to: (Name & Address, Fax & Phone)

Patient Name (Last) (First) DOB

Social Security No. (Use last 6 digits only) Sex M F Patient's Phone Number ()

Patient Address City State Zip Code

Practice Name & Address

Phone No. Fax No.

Physician Signature Date

Printed Physician Name Physician NPI #:

Patient History / Clinical Findings:

Consultation Services: Surgical Pathology Hematopathology Dermatopathology Neuropathology
Specific Pathologist (list): _____

Request to perform Consultation Second Opinion Other _____
 Requested by: Pathologist Attending Physician Patient Other _____

Specimen 1 Collection Date: ____/____/____ Referring Facility Case No. _____

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
<input type="checkbox"/> Unstained Slide(s) <input type="checkbox"/> Stained Slide(s) <input type="checkbox"/> Paraffin Block <input type="checkbox"/> X ray film(s)/Photo(s) <input type="checkbox"/> Fresh Tissue-Site: _____		

Specimen 2 Collection Date: ____/____/____ Referring Facility Case No. _____

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
<input type="checkbox"/> Unstained Slide(s) <input type="checkbox"/> Stained Slide(s) <input type="checkbox"/> Paraffin Block <input type="checkbox"/> X ray film(s)/Photo(s) <input type="checkbox"/> Fresh Tissue-Site: _____		

Specimen 3 Collection Date: ____/____/____ Referring Facility Case No. _____

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
<input type="checkbox"/> Unstained Slide(s) <input type="checkbox"/> Stained Slide(s) <input type="checkbox"/> Paraffin Block <input type="checkbox"/> X ray film(s)/Photo(s) <input type="checkbox"/> Fresh Tissue-Site: _____		