



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	Race
Address (Include apartment no.)			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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