DERMATOLOGY BIOPSY REQUEST

Anatomical & Clinical Pathology
Bio-Path Medical Group
17150 Newhope Street, Suite 117
Fountain Valley, CA 92708
714-433-1330
FAX 714-755-2984

PATIENT INFORMATION

NAME LAST	FIRST	M.I.	DATE OF BIRTH	SEX M F	SOCIAL SECURITY NUMBER
			PHONE ( )	CHART #	
STREET		APT. NO.	CITY	STATE	ZIP

BILLING INFORMATION

FOR INTERPRETATION / SLIDE PREP ONLY

BILL TO:

☐ PATIENT ☐ INSURANCE ☐ DOCTOR ☐ OTHER

FOR INSURANCE BILLING PLEASE

ATTACH A COPY OF INSURANCE CARD

INSURANCE INFORMATION

RESPONSIBLE PARTY ☐ SELF ☐ SPOUSE ☐ PARENT

NAME:

MEDICARE No.	MEDICAL No.	(ATTACH CARD)	ISSUE DATE

INSURANCE CARRIER

I.D. No. GROUP No.

CLAIMS ADDRESS

CITY STATE ZIP

REGULATIONS REQUIRE THAT ALL SPECIMENS BE LABELED WITH PATIENT'S NAME AND SPECIMEN SITE

ICD9 CODE _____ DATE OBTAINED _____

LAB USE ONLY		1) INTERPRETATION	2) SLIDE PREP ONLY
RS	SPECIMEN 1	☐	☐
RS	SPECIMEN 2	☐	☐
RS	SPECIMEN 3	☐	☐
RS	SPECIMEN 4	☐	☐
RS	SPECIMEN 5	☐	☐
RS	SPECIMEN 6	☐	☐
RS	SPECIMEN 7	☐	☐
RS	SPECIMEN 8	☐	☐

PLEASE DO NOT WRITE IN THIS AREA

CLINICAL DIAGNOSIS	CLINICAL HISTORY

Rev. 01/02 1) Interpretation receives an XRS Designator and microscopic evaluation. 2) Slide Prep Only will receive a DSO Designator.

LAB COPY

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Slides need to be sent with Consult Requisition

ICD9 CODE _____

CONSULTATION REQUEST DATE _____

LAB USE ONLY		CONSULT
RS	SPECIMEN 1 _____	☐
RS	SPECIMEN 2 _____	☐
RS	SPECIMEN 3 _____	☐
RS	SPECIMEN 4 _____	☐
RS	SPECIMEN 5 _____	☐
RS	SPECIMEN 6 _____	☐
RS	SPECIMEN 7 _____	☐
RS	SPECIMEN 8 _____	☐

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	1) INTERPRETATION	2) SLIDE PREP ONLY	3) CONSULT
SPECIMEN 1	☐	☐	☐
SPECIMEN 2	☐	☐	☐
SPECIMEN 3	☐	☐	☐
SPECIMEN 4	☐	☐	☐
SPECIMEN 5	☐	☐	☐
SPECIMEN 6	☐	☐	☐
SPECIMEN 7	☐	☐	☐
SPECIMEN 8	☐	☐	☐

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Rev. 01/02

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3) Consultation recieves an XRS designator.

PHYSICIAN'S COPY