



Client

Account #

Name:

Address:

Phone:

Patient

Last, First M

Male Female

DOB _____ SS# _____

Address _____

Patient ID Hospital # Pathology Account # _____

Physician

ORDERING PHYSICIAN

Phone _____

Fax _____

Billing

Client Insurance/Patient (Please Attach Copy Insurance Info)

Insurance Company _____

Policy # _____

Group # _____

Insurance Address _____

Pathology

SPP - Surgical Pathology Professional Evaluation

SPC - Surgical Pathology Consultation

Clinical History (Symptoms, size, duration, previous biopsy or treatment, calcifications, mass, etc)

Differential Diagnosis: _____

Specimens

Fixative 10% formalin Other: _____ Time/Date in Fixative _____

A*: _____

B*: _____

C*: _____

D*: _____

E*: _____

*Indicate tissue type and source

Comments

Please complete all sections legibly to avoid reporting delays.