

- Dermatopathology Examination
- Surgical/Oral Pathology Examination
- Cytopathology Examination (Tzanck Smear)
- 88161       88312       88331
- 88300       88313       88332
- 88304       88321
- 88305       88342      OFFICE USE ONLY

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PATIENT NAME (LAST)	(FIRST)	(MI)	SEX	DOB	SOC SEC NO
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GUARANTOR	RELATIONSHIP
ADDRESS	
CITY, STATE	ZIP
TELEPHONE	
BIOPSY DATE	
REQUESTING PHYSICIAN SIGNATURE X _____	

PATIENT INSURANCE
INSURANCE NAME
INS ADDRESS
INSURANCE ID#/GRP#
ATTACH CLEAR COPY OF INSURANCE CARD(S)

<b>TISSUE SUBMITTED</b>	<input type="checkbox"/> Slide Consultation
	<b>PATIENT HISTORY / PERTINENT CLINICAL DATA</b>

OFFICE NOTES: