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Laboratory use only

DERMATOPATHOLOGY REQUISITION

Date: _____

PATIENT INFORMATION:

_____ Social Security No. _____
 Last Name First Name Middle Name

 Address Physician Name

 City State Zip Code **Medicare/Medicaid Authorized Physician /Practitioner signature (REQUIRED)**

 Age Sex Date of Birth Physician Address

SPECIMEN TYPE AND INSTRUCTIONS (USE EXTRA SHEET IF MORE THAN THREE SPECIMENS)

SPECIMEN 1 <input type="checkbox"/> Shave biopsy <input type="checkbox"/> Shave excision <input type="checkbox"/> Punch biopsy <input type="checkbox"/> Punch excision <input type="checkbox"/> Excision <input type="checkbox"/> Re-excision <input type="checkbox"/> Slide consultation <input type="checkbox"/> Other _____	SITE: 	PERTINENT CLINICAL INFORMATION: DESCRIPTION OF RASH/LESION: CLINICAL DIFFERENTIAL DIAGNOSIS: Request Margin Evaluation (Non Excisions) 9 Check here
SPECIMEN 2 <input type="checkbox"/> Shave biopsy <input type="checkbox"/> Shave excision <input type="checkbox"/> Punch biopsy <input type="checkbox"/> Punch excision <input type="checkbox"/> Excision <input type="checkbox"/> Re-excision <input type="checkbox"/> Slide consultation <input type="checkbox"/> Other _____	SITE: 	PERTINENT CLINICAL INFORMATION: DESCRIPTION OF RASH/LESION: CLINICAL DIFFERENTIAL DIAGNOSIS: Request Margin Evaluation (Non Excisions) 9 Check here
SPECIMEN 3 <input type="checkbox"/> Shave biopsy <input type="checkbox"/> Shave excision <input type="checkbox"/> Punch biopsy <input type="checkbox"/> Punch excision <input type="checkbox"/> Excision <input type="checkbox"/> Re-excision <input type="checkbox"/> Slide consultation <input type="checkbox"/> Other _____	SITE: 	PERTINENT CLINICAL INFORMATION: DESCRIPTION OF RASH/LESION: CLINICAL DIFFERENTIAL DIAGNOSIS: Request Margin Evaluation (Non Excisions) 9 Check here

9 DIRECT IMMUNOFLUORESCENCE SENT

9 CULTURES SENT

BILLING INFORMATION:

_____ Medicare # _____ Medicare #
 OTHER INSURANCE:
 _____ Name Policy #
 _____ Address Group #
 _____ Policy Holder's Name Employer

IF THIS FORM IS NOT FULLY COMPLETED, THE PROCESSING OF THIS SPECIMEN WILL BE DELAYED.
 SPECIMEN TO BE PLACED IN 10% FORMALIN AS SOON AS OBTAINED