

DATE/TIME COLLECTED:	OR # or CLINIC/PHONE
CONTAINER LABELED BY:	PHYSICIAN:
PHYSICIAN NOTIFICATION: Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.	
PREOPERATIVE DIAGNOSIS:	
PROCEDURE:	

PATIENT LABEL HERE

TISSUE SOURCE (Exact Anatomical Site)	TYPE OF EXAM
	CONTACT PATHOLOGY (72580 OR 72103) BEFORE SENDING TISSUE <input type="checkbox"/> FRESH <input type="checkbox"/> FROZEN*
	<input type="checkbox"/> FORMALINE _____
	<input type="checkbox"/> GROSS ONLY _____
	<input type="checkbox"/> OTHER REQUESTS _____

CLINICAL HISTORY

PATHOLOGY