



**DERMATOPATHOLOGY
REQUISITION**

APPLY ID STAMP OR STICKER HERE

9705 LENEXA DR, LENEXA, KS 66215
 PH: (913) 396-8509 / (800) 933-6293 Fax: (816) 241-6531

CLIENT NAME AND ADDRESS	PATIENT NAME (LAST) (FIRST) (MI)			SEX	DOB
	COLLECTION DATE	PATIENT NUMBER	PATIENT SSN		

ORDERING PHYSICIAN	COPY REPORT TO:
	CC REPORT TO
	ADDRESS
	CITY STATE ZIP

RESPONSIBLE PARTY & INSURANCE (ATTACH COPIES OF INSURANCE CARDS OR PATIENT DEMOGRAPHIC SHEET)	
BILL TO <input type="checkbox"/> PATIENT (SELF) <input type="checkbox"/> INSURANCE	<input type="checkbox"/> See Attached: Attach All Copies of Insurance
PT RELATIONSHIP TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	
NAME OF INSURED (IF NOT SELF) INSURED'S SSN:	
ADDRESS CITY STATE ZIP	
PHONE NUMBER HOME WORK	

CLINICAL INFORMATION				
SPECIMEN NUMBER	ANATOMIC SITE	CLINICAL DIAGNOSIS / ICD 9	MARGINS REQUESTED CHECK BOX IF DESIRED	SPECIMEN TYPE
A			<input type="checkbox"/>	<input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence
B			<input type="checkbox"/>	<input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence
C			<input type="checkbox"/>	<input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence
D			<input type="checkbox"/>	<input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence
E			<input type="checkbox"/>	<input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence

ADDITIONAL INFORMATION:
