

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		
<b>ORDERING PHYSICIAN</b>				<b>COPY REPORT TO:</b>		
				CC REPORT TO		
				ADDRESS		
				CITY	STATE	ZIP
<b>RESPONSIBLE PARTY &amp; INSURANCE</b> (ATTACH COPIES OF INSURANCE CARDS OR PATIENT DEMOGRAPHIC SHEET)						
BILL TO <input type="checkbox"/> PATIENT (SELF) <input type="checkbox"/> INSURANCE				<input type="checkbox"/> <b>See Attached:</b>  <b>Attach All Copies of Medical Insurance</b>		
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				
<b>CLINICAL INFORMATION</b>						
SPECIMEN NUMBER	BIOPSY SITE	CLINICAL DIAGNOSIS / ICD 10	SPECIMEN TYPE			
A			<input type="checkbox"/> Incision <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence			
B			<input type="checkbox"/> Incision <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence			
C			<input type="checkbox"/> Incision <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence			
D			<input type="checkbox"/> Incision <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence			
E			<input type="checkbox"/> Incision <input type="checkbox"/> Excision <input type="checkbox"/> Shave <input type="checkbox"/> Curettage <input type="checkbox"/> Direct Immunofluorescence			
<b>ADDITIONAL INFORMATION:</b>						
_____						
_____						
_____						
_____						
<b>EMAIL RELEVANT PHOTOGRAPHS AND RADIOGRAPHS TO: <a href="mailto:oralpath@mawdpathology.com">oralpath@mawdpathology.com</a></b>						