

Submitting Physician (Name and Telephone)	Today's Date	Date of Collection (Required)
Patient Name (Last, First M) <i>(fill in or attach information)</i>	Patient Date of Birth (Required)	Sex <div style="text-align: center; font-weight: bold; font-size: 1.2em;">M F</div>
Patient Address (mailing: street or box, city, state, ZIP)		Patient Telephone

Bill to: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/OMAP <input type="checkbox"/> Patient <input type="checkbox"/> Physician <i>(fill in or attach information)</i>	
Primary Insurance:	Secondary Insurance:
Policy Holder's Name	Policy Holder's Name
ID/Group Numbers	ID/Group Numbers
Billing Address	Billing Address

Specimen Data	Findings and Gross Descriptions
A Type & Orders (check applicable) <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Check Margins <input type="checkbox"/> DIF <input type="checkbox"/> Alopecia Sections <input type="checkbox"/> PAS Fungal <input type="checkbox"/> Dermatopathologist Read <input type="checkbox"/> Slide Prep Only <input type="checkbox"/> Snip <hr/> Site	Clinical Findings Pigmented Lesion Info <input type="checkbox"/> Size Greater than 7mm <input type="checkbox"/> New Onset <input type="checkbox"/> Recent Change <input type="checkbox"/> Partial Bx <hr/> Gross (Lab use only) <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Gray _____ x _____ x _____ mm Specimen is: <input type="checkbox"/> Inked <input type="checkbox"/> Sectioned Submitted: <input type="checkbox"/> Entirely <input type="checkbox"/> Partially
B Type & Orders (check applicable) <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Check Margins <input type="checkbox"/> DIF <input type="checkbox"/> Alopecia Sections <input type="checkbox"/> PAS Fungal <input type="checkbox"/> Dermatopathologist Read <input type="checkbox"/> Slide Prep Only <input type="checkbox"/> Snip <hr/> Site	Clinical Findings Pigmented Lesion Info <input type="checkbox"/> Size Greater than 7mm <input type="checkbox"/> New Onset <input type="checkbox"/> Recent Change <input type="checkbox"/> Partial Bx <hr/> Gross (Lab use only) <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Gray _____ x _____ x _____ mm Specimen is: <input type="checkbox"/> Inked <input type="checkbox"/> Sectioned Submitted: <input type="checkbox"/> Entirely <input type="checkbox"/> Partially
C Type & Orders (check applicable) <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Excision <input type="checkbox"/> Check Margins <input type="checkbox"/> DIF <input type="checkbox"/> Alopecia Sections <input type="checkbox"/> PAS Fungal <input type="checkbox"/> Dermatopathologist Read <input type="checkbox"/> Slide Prep Only <input type="checkbox"/> Snip <hr/> Site	Clinical Findings Pigmented Lesion Info <input type="checkbox"/> Size Greater than 7mm <input type="checkbox"/> New Onset <input type="checkbox"/> Recent Change <input type="checkbox"/> Partial Bx <hr/> Gross (Lab use only) <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Gray _____ x _____ x _____ mm Specimen is: <input type="checkbox"/> Inked <input type="checkbox"/> Sectioned Submitted: <input type="checkbox"/> Entirely <input type="checkbox"/> Partially