



INTERSCOPE

PATHOLOGY
REQUEST FOR

TISSUE EXAMINATION • CONSULTATION / REVIEW SLIDE
SLIDE PREPARATION • NON CERVICAL / VAGINAL / CYTOLOGIC EXAMINATION

Pathologists
Alan S. Bricklin, M.D.
William J. Colburn, M.D.
Bryan T. Lin, M.D., Ph.D.

Janet Baez, Histology Manager

Date Collected ___/___/___

STATE AND FEDERAL REGULATIONS REQUIRE YOU TO PROVIDE THE FOLLOWING PATIENT INFORMATION AND TO PRINT THE PATIENT'S NAME ON THE SPECIMEN OR THE SLIDE. FAILURE TO DO SO MAY REQUIRE US TO RETURN THE SPECIMEN.

PATIENT DEMOGRAPHICS

Last Name: [Grid]

First Name: [Grid] Mid Initial []

Male Female

SS# _____ Date of Birth ___/___/___

Address: _____

City: _____
Tele: _____
Pat: _____
 Bill Doctor

Fill out the address, date of birth and social security number, or include a copy of the patients drivers license.

ALL PATIENTS MUST SIGN

I authorize the release of medical records necessary to process this claim. I authorize payment of medical benefits to Interscope Pathology or the staff Pathologists.

I understand that the following information is for _____
charged to _____
or other insurance.

Please make sure you have the patient sign.

Signature _____ Date _____

Bill Patient Bill Insurance

INSURANCE INFORMATION

Guarantor Last Name: [Grid]

First Name: [Grid] Mid Initial []

Date of Birth ___/___/___ Male Female

Address: _____

City: _____
Tele: _____
Emp: _____

You may attach a copy of the insurance card instead of filling out this section.

Insurance Carrier: _____
COPY CARD AND ATTACH

Address of Carrier: _____

City _____ State: ____ Zip: _____

Phone #: (____) _____

Subscriber # _____ Group# _____

Medicare # _____
COPY CARD AND ATTACH

Medi-Cal # _____
COPY CARD AND ATTACH

SPECIMEN SOURCE:

CLINICAL IMPRESSION: _____

ESSENTIAL PT. HISTORY: _____

PLEASE INCLUDE HORMONE STATUS FOR GYN PATIENTS

PREVIOUS SPECIMENT ___/___/___ # _____

NON CERVICAL-VAGINAL CYTOLOGIC EXAMINATION

SOURCE:

URINE CATH

VOID

BREAST THYROID SPUTUM

VULVA OTHER TYPE _____

TISSUE EXAMINATION 1. _____
2. _____

CONSULTATION / REVIEW SLIDE 3. _____
4. _____

CLOTEST 5. _____
6. _____

7. _____

Please fill out this section, the information is essential in the diagnostic process.