

BIOPSY REQUEST

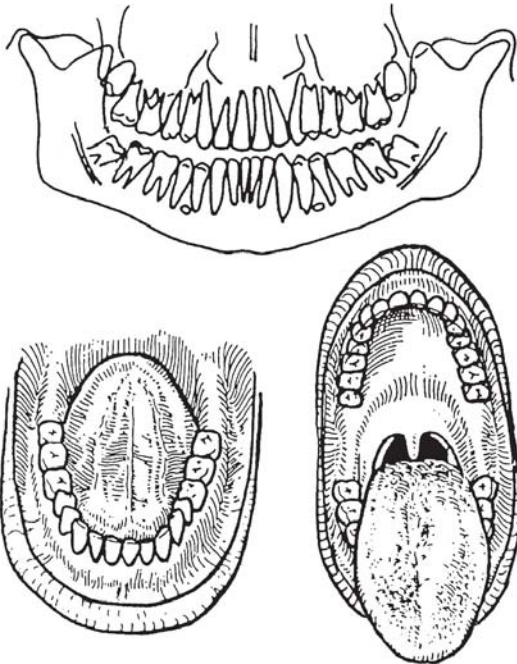
Office Only	Date Rec'd.
	Accession #:
	Date Faxed:

NOTICE: Fill out history sheet *completely*. Patient's signature needed for permission to process, diagnose, and release for potential outside consultation (CLIA regulations). Do not use felt tip pens. Label specimen bottle with patient's name. Avoid injecting into lesion, if possible. Do not grasp specimen with instruments that may crush tissue. If margins are of concern, mark with suture material. Place tissue in fixative as soon as possible. Do not let it get dry! If specimen bottle is empty, refill with 10% formalin solution. **Attach Copy of Insurance Information to Biopsy Request for Billing Purposes.**

Patient Info.	Date of Birth	First Name (please print)	M. I.	Last Name	
	Street Address		City	State Zip	Phone (Home/Cell)
	Sex	Race	Patient's Signature		Phone (Work)

Doctor Info.	Doctor's Name	NPI#	Doctor's Signature	
	Street Address		City	State Zip
	Phone	Fax:	Include referring Doctor's address or Fax # if copy is to be sent	
	Referring Doctor's Name			

INDICATE ON DIAGRAMS WHERE LESION IS LOCATED



DO NOT WRITE BELOW THIS LINE — FOR LAB USE ONLY

Name on bottle:
Consultation:

Biopsy Information

Biopsy Date
Clinical Impression
Location/Size (cm) of Lesion (<i>diagram lesion below and enclose radiographs if pertinent.</i>)
Description/History of Lesion