

Gulf Coast Dermatopathology Laboratory, Inc.

6001 Memorial Highway
Tampa, Florida 33615
(813) 882-4206
Fax: (813) 886-0589

PATIENT INFORMATION					
LAST NAME		FIRST NAME		M.I.	
STREET ADDRESS				APT. #	
CITY			STATE	ZIP CODE	
PATIENT PHONE NUMBER					
DATE OF BIRTH	AGE	SEX	PATIENT ID	PATIENT SOCIAL SECURITY NUMBER	
/	/				

DATE: _____

REFERRING PHYSICIAN: _____

BILLING / INSURANCE (Or attach copy of insurance card - both sides)					
<input type="checkbox"/> FULL REPORT	INSURANCE - Primary			INSURANCE - Secondary	
	NAME / RELATIONSHIP TO INSURED: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT			NAME / RELATIONSHIP TO INSURED: <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT	
<input type="checkbox"/> SLIDE PREP	COMPANY NAME			COMPANY NAME	
	ADDRESS			ADDRESS	
BILL	CITY			STATE	ZIP
	CITY			STATE	ZIP
<input type="checkbox"/> INSURANCE	EMPLOYER NAME			EMPLOYER NAME	
<input type="checkbox"/> MEDICARE	GROUP / CONTRACT #			MEMBER ID #	
<input type="checkbox"/> ACCOUNT	MEDICARE #			MEMBER ID #	
<input type="checkbox"/> PATIENT					

THIS AUTHORIZES GULF COAST DERMATOPATHOLOGY LABORATORY, INC. TO PERFORM THE PATHOLOGY WORK INDICATED ON THIS REQUISITION AND BILL THE APPROPRIATE PARTIES.

ICD-9
CODES

X

PATIENT'S SIGNATURE _____

CLINICAL INFORMATION		
SITE / CLINICAL INFORMATION / IMPRESSION	CHECK	GROSS DESCRIPTION
A PREVIOUS BX ACC #	<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> MARGINS	LAB USE ONLY
B PREVIOUS BX ACC #	<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> MARGINS	LAB USE ONLY
C PREVIOUS BX ACC #	<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> MARGINS	LAB USE ONLY
D PREVIOUS BX ACC #	<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> MARGINS	LAB USE ONLY
E PREVIOUS BX ACC #	<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> MARGINS	LAB USE ONLY
F PREVIOUS BX ACC #	<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> MARGINS	LAB USE ONLY