



Associated Pathology Medical Group

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PODIATRY REQUISITION

PATIENT INFORMATION			CLIENT INFORMATION		
Last Name		First Name	M.I.		
Date of Birth	Sex M F	Date Specimen Taken ____/____/____			
Patient Social Security Number		Patient Phone Number			
Street Address			Apt. #		
City		State	Zip		

Special Handling
 Phone Fax (____) _____ CC _____ Physician's Signature _____

BILLING INFORMATION Attach copy of all insurance I.D. cards (front and back, please)

Bill To: Patient Doctor HMO Insurance Medicare/Medi-Cal # _____

Subscriber Name _____ Relationship to Subscriber: Self Spouse Dependent Other _____

Insurance Name _____ Address _____ City, State, Zip _____

ID # _____ Group # _____

Subscriber DOB: _____ Subscriber Sex: Male Female

Medicare patient reviewed and signed advanced beneficiary notice for non-covered services

Diagnosis Code(s) _____

CLINICAL INFORMATION	ANATOMIC SITE/HISTORY/CLINICAL DIAGNOSIS				LEFT	RIGHT
	Specimen #1		Specimen #2			
	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> B	<input type="checkbox"/> E		
SKIN/SOFT TISSUE B = Biopsy E = Excision						
<input type="checkbox"/> DERMATITIS (<i>Tinea / "Eczema" / Stasis</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> PIGMENTED LESION (<i>Nevus / Melanoma / Lentigo</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> TUMOR (<i>Verruca / Keratosis / Carcinoma</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> ULCER (<i>Rule out neoplasm</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
NAIL UNIT						
<input type="checkbox"/> NAIL DYSTROPHY (<i>Onychomycosis / Psoriasis / Trauma</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> PAS-Periodic Acid-Schiff (recommended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Culture and PAS (PAS provides higher sensitivity than KOH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> ONYCHOCRYPTOSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> PIGMENTED LESION (<i>Nevus / Melanoma / Lentigo</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> TUMOR (<i>Verruca / Keratosis / Carcinoma</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> ULCER (<i>Rule out neoplasm</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BONE						
<input type="checkbox"/> OSTEOMYELITIS (<i>Infectious</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> TUMOR (<i>Cyst / Neoplasm</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> DEGENERATIVE JOINT DISEASE (<i>Hallux abducto-valgus / Hammer toe</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional ancillary studies, such as special staining techniques and marker studies, are performed at the discretion of the pathologist to provide a proper diagnosis, unless otherwise indicated on the requisition.

ADDITIONAL CLINICAL INFORMATION