



# Associated Pathology Medical Group

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## SURGICAL HISTOLOGY REQUISITION

### PATIENT 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	

### CLIENT INFORMATION


### SPECIAL HANDLING

Phone    Fax (\_\_\_\_) \_\_\_\_\_    CC \_\_\_\_\_   Physician's Signature \_\_\_\_\_

Patient reference number \_\_\_\_\_   Address \_\_\_\_\_

### 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)

### HISTORY AND CLINICAL DIAGNOSIS

### SPECIFIC QUESTIONS / INSTRUCTIONS FOR PATHOLOGY LAB

### SPECIMENS

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

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.