



Associated Pathology Medical Group

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SURGICAL HISTOLOGY REQUISITION

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

CLIENT INFORMATION

SPECIAL HANDLING	
<input type="checkbox"/> Phone	<input type="checkbox"/> Fax (____) _____
<input type="checkbox"/> CC _____	Physician's Signature _____
Patient reference number _____	Address _____

BILLING INFORMATION Attach copy of all insurance I.D. cards (front and back, please)	
Bill To: <input type="checkbox"/> Patient <input type="checkbox"/> Doctor <input type="checkbox"/> HMO <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare/Medi-Cal # _____	
Subscriber Name	Relationship to Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other _____
Insurance Name	Address _____ City, State, Zip _____
ID #	Group #
Subscriber DOB:	Subscriber Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Diagnosis Code(s)	Time of Collection _____ AM / PM

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

HISTORY AND CLINICAL DIAGNOSIS

SPECIFIC QUESTIONS / INSTRUCTIONS FOR PATHOLOGY LAB

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.

