



# COCKERELL DERMATOPATHOLOGY™

Diagnostic Excellence. Unparalleled Service.™

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## TECHNICAL REQUISITION

PATIENT LAST FIRST MI ( ) DAYTIME PHONE

ADDRESS STREET/APT.# CITY ST ZIP CODE EMAIL (FOR PATIENT EDUCATION USE ONLY)

DOB / / SEX RACE OFFICE: PATIENT ID#

DATE COLLECTED / /

PREVIOUS BIOPSY AND DIAGNOSIS

### CLINICAL INFORMATION

	REQUEST	SPECIMEN SITE	BX TYPE	CLINICAL IMPRESSION / HISTORY / ICD-9 CODE	FOR LAB USE ONLY
<b>A</b>	<input type="checkbox"/> RUSH <input type="checkbox"/> MARGINS <input type="checkbox"/> DIF <input type="checkbox"/> PAS <input type="checkbox"/> CULTURE		<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> OTHER		
<b>B</b>	<input type="checkbox"/> RUSH <input type="checkbox"/> MARGINS <input type="checkbox"/> DIF <input type="checkbox"/> PAS <input type="checkbox"/> CULTURE		<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> OTHER		
<b>C</b>	<input type="checkbox"/> RUSH <input type="checkbox"/> MARGINS <input type="checkbox"/> DIF <input type="checkbox"/> PAS <input type="checkbox"/> CULTURE		<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> OTHER		
<b>D</b>	<input type="checkbox"/> RUSH <input type="checkbox"/> MARGINS <input type="checkbox"/> DIF <input type="checkbox"/> PAS <input type="checkbox"/> CULTURE		<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> OTHER		
<b>E</b>	<input type="checkbox"/> RUSH <input type="checkbox"/> MARGINS <input type="checkbox"/> DIF <input type="checkbox"/> PAS <input type="checkbox"/> CULTURE		<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> OTHER		
<b>F</b>	<input type="checkbox"/> RUSH <input type="checkbox"/> MARGINS <input type="checkbox"/> DIF <input type="checkbox"/> PAS <input type="checkbox"/> CULTURE		<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> OTHER		
<b>G</b>	<input type="checkbox"/> RUSH <input type="checkbox"/> MARGINS <input type="checkbox"/> DIF <input type="checkbox"/> PAS <input type="checkbox"/> CULTURE		<input type="checkbox"/> SHAVE <input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> OTHER		

### BILLING METHOD / INSURANCE INFORMATION

BILLING METHOD:	PRIMARY INSURANCE			SECONDARY INSURANCE		
	<input type="checkbox"/> INSURANCE	INSURED NAME / RELATIONSHIP TO INSURED: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			INSURED NAME / RELATIONSHIP TO INSURED: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
<input type="checkbox"/> MEDICARE	INSURANCE NAME			INSURANCE NAME		
<input type="checkbox"/> MEDICAID	INSURANCE PHONE			INSURANCE PHONE		
<input type="checkbox"/> PATIENT	INSURANCE ADDRESS			INSURANCE ADDRESS		
<input type="checkbox"/> PHYSICIAN	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	EMPLOYER NAME			EMPLOYER NAME		
	SUBSCRIBER DOB: / /	MEMBER ID#	GROUP/CONTRACT #	SUBSCRIBER DOB: / /	MEMBER ID#	GROUP/CONTRACT #
	MEDICARE #		MEDICAID #	MEDICARE #		MEDICAID #