HISTOPATHOLOGY SERVICES INC.

15012 Red Hill Ave. Suite 8H, Tustin, CA 92780
www.histopathservices.com
mail@histopathservices.com
T: (949) 415-2535
F: (888) 954-1237

Khodadad Mehraein, M.D.
Director/Pathologist

Sima Fargahi, M.D.
Pathologist

DO NOT WRITE IN THIS BOX

LABORATORY USE ONLY

Patient's Information (please print)

Referring Physician

Name (Last, First) | *Sex* | *D.O.B.*

Address | *Telephone*

City | *State* | *Zip Code*

Bill to: ☐ Insurance ☐ Medi-Cal ☐ Medicare ☐ Client ☐ Patient

Medicare/Medi-Cal #: | *Patient ID:* | *Issue Date:*

Insurance Company ☐ Insurance Information Attached

Subscriber No. | *Group No.*

Clinical Information/History/ICD codes

Procedure Date/Time

Request Date

BIOPSY	SITE
Specimen 1	
Specimen 2	
Specimen 3	
Specimen 4	
Specimen 5	
Specimen 6	
Specimen 7	
Specimen 8	
Specimen 9	
Specimen 10	

CPT CODES

☐ 88300	☐ 88309	☐ 88323
☐ 88302	☐ 88311	☐ 88342
☐ 88304	☐ 88312	☐ 88360
☐ 88305	☐ 88313	☐ 88160
☐ 88307	☐ 88321	☐ .....

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