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Director/Pathologist

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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:

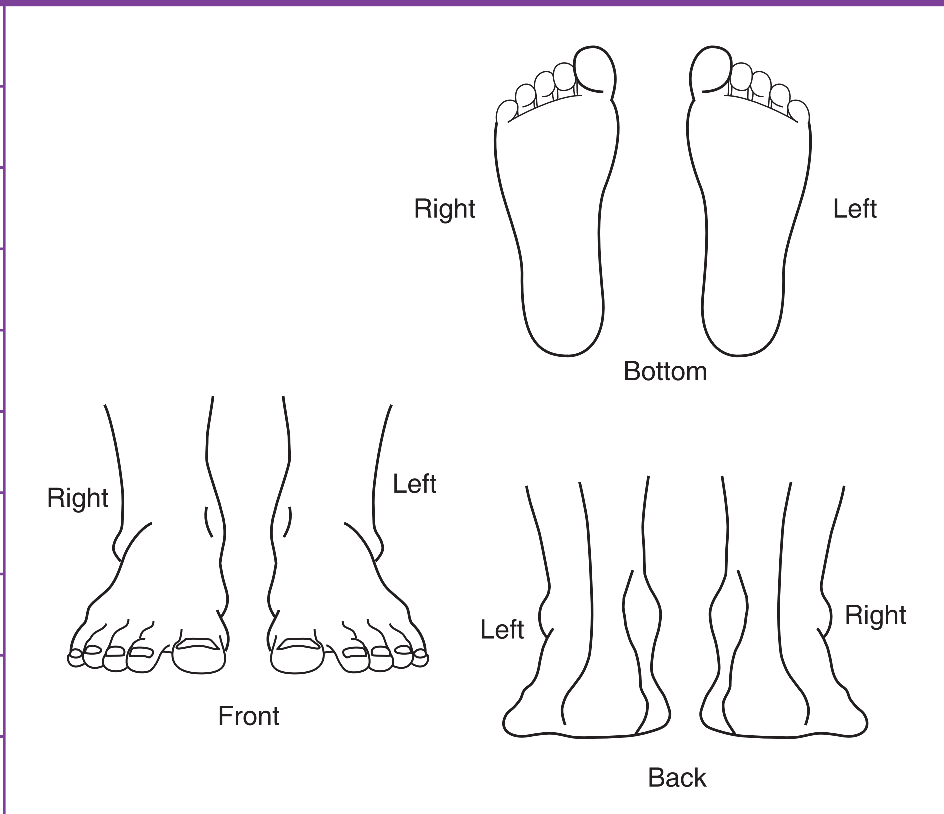
Insurance Company ☐ Insurance Information Attached

Subscriber No.	Group No.

Clinical Information/History/ICD codes	Procedure Date/Time	Request Date

BIOPSY | SITE

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



CPT CODES | OFFICE USE ONLY

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☐ 88304	☐ 88312	☐ 88360
☐ 88305	☐ 88313	☐ 88160
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