

Wake Forest University Baptist Medical Center

Medical Center Boulevard
 Winston-Salem, NC 27157
 (336) 716-2628 (Anatomic Pathology)
 (336) 806-9627 (Pathologist On Call Pager)
 (336) 716-7595 (FAX)
 http://www.wfubmc.edu/pathology/requestforms.htm

Client:

Clinic/Group Name:	
Address:	
City, State, ZIP:	
Fax:	Phone:
Technician:	Email:
WFUBMC CASE #	Date Rec'd:

AP DERMATOPATHOLOGY REQUEST FORM

PATIENT INFORMATION				
Name:	<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Maiden</i> <i>Mother's First Name</i>
DOB:	SSN:	Marital Status:	Race:	Sex: M F
Address:		City:	State:	ZIP:
Telephone:	Employer:		Employer's Tel:	

BILLING AND INSURANCE INFORMATION					
Bill To :	Primary Insurance:	Medicare	Medicaid	Any Other Insurance	(*Check box(es) & provide insurance details below)
	Secondary Insurance:	Medicare	Medicaid	Any Other Insurance	
Check ONLY if patient has NO INSURANCE:		Bill Patient (Self-Pay) SPAN = _____ ***		Bill Doctor/Group	
***Call (336) 716-9817 or 713-0164 to get a Self-Pay Authorization Number (SPAN). Without a SPAN, specimen processing may be delayed.					
Complete For All Insurers:	Subscriber Name:			Relationship to pt:	
	Policy/ID Number:				
*Medicare Information:	Hospital Insurance Effective Date:		Medical Insurance Effective Date:		
Check here if signed ABN form** is on file for all Routine Pap Smears					
*Medicaid Information:	Carolina Access Number:		Valid From:	To:	
State Issued If Not North Carolina:					
*All Other Insurance Information:	Name of Company:			Plan Number:	
Address For Claims:			Effective Date:		
City/State/ZIP					

PHYSICIAN INFORMATION			
Requesting MD <i>(please print)</i> :		Send copy of report to Primary Care Provider:	PCP Name:
Signature:	Tel: Fax:		Fax:

COMPLETE FOR ALL SPECIMENS <i>(complete separate forms for surgical and cytology specimens)</i>			
URGENT	Collection Date:	Collection Time:	Patient Location: INPATIENT OUTPATIENT
Please be sure to provide a contact number, if different from above, to call with URGENT results:			

DERMATOPATHOLOGY SPECIMEN(S)				
Material Specimen Received:				
Biopsy Method:	Punch	Incisional	Shave	Excision
Site of Specimens:	A:	B:	C:	D:
Clinical Description:				
Other Pertinent Information:				
Preoperative Diagnosis:				
Previous Biopsy Number(s) on this patient:				