



PATHOLOGY CONSULTATION REQUEST

This form **MUST** be filled out **COMPLETELY** and **ACCURATELY** in order to proceed with review of your case. **ALL** cases must include a **Pathology Report, ICD-10 code, patient demographics, and patient insurance information**. If you have any questions, please contact us by phone (336-716-2628), fax (336-716-7595), or PathologyConsults@wakehealth.edu.

Patient Information				
Patient Name (last, first middle):				
Date of Birth (mm/dd/yyyy):	Last four digits of Social Security Number:	Sex:	Male	Female
Home Address:			Phone Number:	
Policy Holder Name	Primary Insurance (Card Name)	Primary Policy/Contract #	Primary Group #	Policy Holder DOB
Policy Holder Name	Primary Insurance (Card Name)	Primary Policy/Contract #	Primary Group #	Policy Holder DOB
Physician Information				
Referring Physician (last, first):		NPI#:	Referring Institution:	
Mailing Address:				
Physician Phone:		Physician Fax:		
ICD-10 Codes				

If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the submitting facility. Please complete the information below for invoicing purposes.

Name of Institution:	Attention to:	
Address:	Phone:	
	Fax:	
Ship to: Atrium Health Wake Forest Baptist Department of Pathology, Watlington Hall 1 Medical Center Blvd Winston Salem, NC 27157	Department Use Only	
	WFB MRN:	Material received: Slide(s), Qty: _____
	WFB Case ID:	Block(s), Qty: _____
	HAR#:	Date accessioned:
	CSN#:	Initials: