

# Dermatopathology Northwest

2330 130th Avenue NE #201, Bellevue, WA 98005  
Phone: (425) 455-9945 (877) 210-8133 Fax: (425) 455-9947

For lab use only

Date of biopsy: \_\_\_\_\_

## Requested by

|                                      |                      |                          |
|--------------------------------------|----------------------|--------------------------|
| <b>Clinician Name:</b>               | <b>Phone Number:</b> | <b>Fax Number</b>        |
| <b>Clinician Address:</b>            |                      | <b>City, State, Zip:</b> |
| <b>CC: (Name, Phone and Address)</b> |                      |                          |

## Direct Case To (check one):

Urgent     No Preference     Dr. Carlsen     Dr. Lantz     Dr. Piepkorn     Dr. Walsh     Dr. Garton

## Patient Information:

|   |                    |                          |  |
|---|--------------------|--------------------------|--|
| <b>Patient Last Name:</b>               | <b>First Name:</b> | <b>M.I.</b>              | <b>Sex:</b><br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>Date of Birth:</b> <i>(required)</i> | <b>SSN:</b>        | <b>Phone Number:</b>     |  |
| <b>Patient Address:</b>                 |                    | <b>City, State, Zip:</b> |  |

## Bill To (check one):

Insurance     Patient     Physician (fill in or attach information)

|                                    |                             |
|------------------------------------|-----------------------------|
| <b>Primary Insurance Name:</b>     | <b>Address:</b>             |
| <b>Policy Holder's Name + DOB:</b> | <b>ID and Group Number:</b> |

## Specimen Information:

| Site | Size and type (shave, punch, excision) |
|------|--|
| A    |  |
| B    |  |
| C    |  |
| D    |  |
| E    |  |

## Clinical History & Diagnosis:

| History | Diagnosis |
|---------|-----------|
| A       |           |
| B       |           |
| C       |           |
| D       |           |
| E       |           |