



DERMATOPATHOLOGY NORTHWEST

For lab use only



Date of biopsy: _____

Slide Preparation Only

Clinician Name:	Phone Number:	Fax Number
Clinician Address:		City, State, Zip:

Patient Information:

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

Bill To (check one):

<input type="checkbox"/> Insurance <input type="checkbox"/> Patient	
Primary Insurance Name:	Address:
Policy Holder's Name + DOB:	ID and Group Number:

Specimen Information:

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

Clinical History & Diagnosis:

A	
B	
C	
D	
E	