PATHOLOGY ASSOCIATES
1899 EIDER COURT - P.O. BOX 14389
TALLAHASSEE FL 32317
(850) 878-5143 (888) 878-5143

Facility Name

Facility Address

Facility Phone Number

Provider Full Name

Provider NPI

SURGICAL PATHOLOGY REQUEST

LAST NAME FIRST NAME MI

DATE OF BIRTH RACE SEX

SOCIAL SECURITY NUMBER

PATIENT ID#

☐ STAT ☐ DUPLICATE REPORT TO:

BILLING INFORMATION

PATIENT ADDRESS APT. #

CITY STATE ZIP

HOME PHONE# WORK PHONE#

BILL TO (PLEASE CIRCLE)

☐ DOCTOR ☐ PATIENT ☐ CHP ☐ MCR ☐ MCD ☐ OTHER

PRIMARY INSURANCE NAME

ADDRESS

INSURED NAME

ID # GROUP #

SPECIMEN INFORMATION

DATE TAKEN: ____/____/____

CLINICAL INFORMATION
PREVIOUS SURGERY AND DIAGNOSIS

LAB USE ONLY

[_] HISTORY DONE

FOR BARCODE LABEL ONLY

CAP ACCREDITED