DERMPATH DIAGNOSTICS®
NEW ENGLAND

DERMATOPATHOLOGY REQUISTION

Dermpath Diagnostics New England | 200 Forest Street, Suite #3119 | Marlborough, MA 01752
Toll free (844) 362-9801 | Fax (774) 843-3737

DATE COLLECTED: ____ / ____ / ____ ☐ IMMUNOFLUORESCENCE ☐ RUSH

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		APT. #
CITY	STATE	ZIP CODE
PATIENT PHONE NUMBER	PATIENT ALTERNATE PHONE NUMBER	

DATE OF BIRTH / /	AGE	SEX	PATIENT ID

PHYSICIAN/CLIENT INFORMATION

BILLING/INSURANCE INFORMATION (Attach a copy of insurance card - both sides)

BILL:

☐ INSURANCE
☐ PATIENT
☐ MEDICARE
☐ MEDICAID
☐ PHYSICIAN

SUBSCRIBER PRIMARY INSURANCE

SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: ☐ Self ☐ Spouse ☐ Dependent

COMPANY NAME

ADDRESS

CITY	STATE	ZIP CODE

EMPLOYER NAME

SUBSCRIBER DOB: / /	GROUP/CONTRACT #	MEMBER ID#
SUBSCRIBER SEX: ☐ Male ☐ Female	MEDICARE #	MEDICAID ID#

SUBSCRIBER SECONDARY INSURANCE

SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: ☐ Self ☐ Spouse ☐ Dependent

COMPANY NAME

ADDRESS

CITY	STATE	ZIP CODE

EMPLOYER NAME

SUBSCRIBER DOB: / /	GROUP/CONTRACT #	MEMBER ID#
SUBSCRIBER SEX: ☐ Male ☐ Female	MEDICARE #	MEDICAID ID#

SEND DUPLICATE REPORT TO: **ADDRESS/FAX:**

CLINICAL INFORMATION

SITE	CHECK:	MARGINS?	CLINICAL DIAGNOSIS AND HISTORY
A	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
B	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
C	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
D	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
E	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	
F	☐ SHAVE ☐ PUNCH ☐ EXCISION ☐ OTHER	☐	

PHYSICIAN'S SIGNATURE (Required in NY, NJ, MA,PA and WV) X ____________________ DATE ________

FOR LAB USE ONLY

ICD-9 CODES:

Difficult cases sometimes require additional diagnostic stains to assist the dermatopathologist in making a definitive diagnosis. These diagnostic stains may result in additional charges.