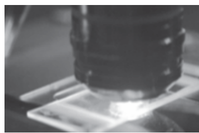

DERMATOPATHOLOGY AND IMMUNOFLUORESCENCE REQUISITION

CARLOS H. NOUSARI, M.D.
DIRECTOR,
For any questions or concerns regarding this testing and/or patient management, please do not hesitate to contact Dr. Nousari at (cell) 561.543.6199 or cnousari@dermpathif.com

DATE COLLECTED: ____/____/____ ☐ RUSH

PATIENT INFORMATION

LAST NAME	FIRST NAME		M.I.
STREET ADDRESS		APT. #	
CITY	STATE	ZIP CODE	
PATIENT PHONE NUMBER	PATIENT SOCIAL SECURITY NUMBER		
DATE OF BIRTH / /	SEX	AGE	RACE

PHYSICIAN INFORMATION

BILLING / INSURANCE

BILL:

- ☐ INSURANCE
- ☐ PATIENT
- ☐ MEDICARE
- ☐ MEDICAID
- ☐ PHYSICIAN
- ☐ INTRACOMPANY

SUBSCRIBER PRIMARY INSURANCE (attach a copy of insurance card - both sides)

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

COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP CODE
EMPLOYER NAME		
SUBSCRIBER DOB: (MM/DD/YY)	GROUP/CONTRACT #	MEMBER ID#
SUBSCRIBER SEX: ☐ Male ☐ Female	MEDICARE #	MEDICAID ID#

PATIENT'S SIGNATURE X ______________________ **DATE** ____________

SKIN SPECIMENS (SEE REVERSE FOR DISEASE AND TESTING DETAILS)

SITE			CLINICAL DIAGNOSIS AND HISTORY / GROSS DESCRIPTION
A	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
B	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
C	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
D	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
E	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	
F	☐ H&E ☐ DIF ☐ IIF (Serum)	☐ Lesional ☐ Perilesional ☐ Uninvolved	

CPT CODES

REQUEST FOR ADDITIONAL SUPPLIES: ☐ SUPPLY KITS: ☐ FED EX ☐ REQUISITIONS

PHYSICIAN'S SIGNATURE (Required in NY, NJ, MA and PA) X ______________________ **DATE** ____________

ICD-9 Codes:

In some cases, additional diagnostic stains may be required for proper evaluation as deemed appropriate by the Dermpath Diagnostics Dermatopathologist. These additional tests will result in additional charges.

DPL-051-0034 8/09

INSTITUTE FOR IMMUNOFLUORESCENCE

Carlos H. Nousari, M.D. - Director

895 SW 30th Avenue, Suite 101, Pompano Beach, FL 33069 • Fax: 954.633.3286 Mobile: 561.543.6199 Toll free: (800) 330-6770 • www.dermpathif.com

Coordinator: Carlos Canton • ccanton@dermpathif.com • Phone: 954.633.3363