Dermpath Diagnostics®
Richfield Laboratory of Dermatopathology

DERMATOPATHOLOGY REQUISITION

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SURGERY DATE: / /

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.

STREET ADDRESS	APT. #

CITY	STATE	ZIP CODE

DATE OF BIRTH	AGE	SEX	PATIENT ID
/ /			

PHYSICIAN INFORMATION

LAB USE ONLY [redacted]

SITE 1

MEAS & CODE _____

ATS _____ **AGG** _____ **DYED** _____ **FR** _____ **FL** _____ **INT** _____

RX TYPE:
☐ SHAVE
☐ PUNCH
☐ EXCISION
☐ OTHER

HISTORY/PREVIOUS BIOPSIES:

MARGINS? ☐

CLINICAL IMPRESSIONS:

LAB USE ONLY [redacted]

SITE 2

MEAS & CODE _____

ATS _____ **AGG** _____ **DYED** _____ **FR** _____ **FL** _____ **INT** _____

RX TYPE:
☐ SHAVE
☐ PUNCH
☐ EXCISION
☐ OTHER

HISTORY/PREVIOUS BIOPSIES:

MARGINS? ☐

CLINICAL IMPRESSIONS:

LAB USE ONLY [redacted]

SITE 3

MEAS & CODE _____

ATS _____ **AGG** _____ **DYED** _____ **FR** _____ **FL** _____ **INT** _____

RX TYPE:
☐ SHAVE
☐ PUNCH
☐ EXCISION
☐ OTHER

HISTORY/PREVIOUS BIOPSIES:

MARGINS? ☐

CLINICAL IMPRESSIONS:

LAB USE ONLY [redacted]

SITE 4

MEAS & CODE _____

ATS _____ **AGG** _____ **DYED** _____ **FR** _____ **FL** _____ **INT** _____

RX TYPE:
☐ SHAVE
☐ PUNCH
☐ EXCISION
☐ OTHER

HISTORY/PREVIOUS BIOPSIES:

MARGINS? ☐

CLINICAL IMPRESSIONS:

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

BILL
☐ INSURANCE
☐ PATIENT
☐ MEDICARE
☐ MEDICAID
☐ PHYSICIAN

SUBSCRIBER PRIMARY INSURANCE			SUBSCRIBER SECONDARY INSURANCE		
SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: ☐ Self ☐ Spouse ☐ Dependent			SUBSCRIBER NAME / RELATIONSHIP TO SUBSCRIBER: ☐ Self ☐ Spouse ☐ Dependent		
INSURANCE NAME			INSURANCE NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
EMPLOYER NAME			EMPLOYER NAME		
SUBSCRIBER DOB: / /	GROUP/CONTRACT #	MEMBER ID#	SUBSCRIBER DOB: / /	GROUP/CONTRACT #	MEMBER ID #
SUBSCRIBER SEX: ☐ Male ☐ Female	MEDICARE ID #	MEDICAID ID#	SUBSCRIBER SEX: ☐ Male ☐ Female	MEDICARE ID #	MEDICAID ID #

PHYSICIAN's SIGNATURE (Required in NY, NJ, MA, and WV) X _____ DATE _____

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient. In some cases, additional diagnostics stains may be required for proper evaluation as deemed appropriate by the Dermpath Diagnostics Dermatopathologist. These additional tests will result in additional charges.