



South Texas Oral Pathology

a division of
PATHOLOGY REFERENCE LABORATORY, L.L.C.
ORAL PATHOLOGY REQUISITION

9600 DATAPOINT DR. • SAN ANTONIO, TX 78229
TELE (210) 892-3700 • TOLL FREE (866) 231-8058 • FAX (210) 617-4692

COLLECTION DATE: _____

_____/_____/_____
BILL TO:

- CLIENT
 PATIENT
 OTHER

ACCOUNT NAME AND ADDRESS

PATIENT LAST NAME		FIRST		M.I.	
RELATIONSHIP TO INSURED: <input type="radio"/> SELF <input type="radio"/> SPOUSE <input type="radio"/> DEPENDENT					
PHONE ()	PATIENT SS #	PATIENT ID/MR #	DATE OF BIRTH / /	SEX <input type="radio"/> F <input type="radio"/> M	
INSURED NAME/RESPONSIBLE PARTY			INSURED SS #		
PATIENT ADDRESS (OR INSURED RESPONSIBLE PARTY)					APT. NO.
CITY			STATE	ZIP	
EMPLOYEE NAME			PHONE ()		
INSURANCE COMPANY NAME					
INSURANCE COMPANY ADDRESS					
CITY			STATE	ZIP	
INSURANCE COMPANY PHONE ()		INSURANCE/GROUP #		MEMBER/SUBSCRIBER ID #	
MEDICARE #	SUFFIX <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY	MEDICAID #		STATE	

Send duplicate report to:

Name

Address/Fax

ICD-9 CODE (Required)

Previous Biopsy Number:

Previous Biopsy Results:

SPECIMEN NUMBER	SPECIMEN SOURCE / SITE	SPECIMEN TYPE	CLINICAL IMPRESSION	CLINICAL HISTORY / COMMENTS
(1)		<input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> SHAVE <input type="checkbox"/> CURETTE <input type="checkbox"/> INCISION		
(2)		<input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> SHAVE <input type="checkbox"/> CURETTE <input type="checkbox"/> INCISION		
(3)		<input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> SHAVE <input type="checkbox"/> CURETTE <input type="checkbox"/> INCISION		
(4)		<input type="checkbox"/> PUNCH <input type="checkbox"/> EXCISION <input type="checkbox"/> SHAVE <input type="checkbox"/> CURETTE <input type="checkbox"/> INCISION		

