Surgical Pathology Requisition

IDAHO PATHOLOGY LABORATORY

Kristopher McGee, M.D.
Roshan Patel, M.D.

Phone: (208) 782-2475
Fax: (208) 782-2476

Physician Information

Name _____ UPIN# _____ Phone/Fax: _____

Address: _____

Patient Information

Name (last, first, middle) _____ Sex____ DOB_____ SSN _____

Address: _____ Phone: _____

Billing Information

Please attach face sheet or copy of insurance

Bill: ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient

Policy/Cert# _____

Clinical Information

I. Clinical Diagnosis _____ ICD-9 _____

Status: ☐ New diagnosis ☐ Follow up ☐ Residual disease

II. Prior Pathology: ☐ Biopsy ☐ Surgery

Specimen Information

Collection or Surgery Date and Time

	Specimen Location	Procedure	Post-Operative Diagnosis
A.			
B.			
C.			
D.			
E.			

Authorized Signature _____

Supply Request:

Requisition Forms ☐ Formalin Bottles ☐