



- Payor
- Patient
  - PPO
  - Medi-Cal
  - Medicare
    - Inpatient
    - Outpatient
  - Client
  - Other



**DIAGNOSTIC TESTS • ANATOMIC PATHOLOGY**

HMO Insurance Authorization # \_\_\_\_\_

**Patient/health plan will receive 2 bills; technical (lab) and professional (M.D.) charges are billed separately.**

**Insurance Info: Attach a copy of front & back of Insurance card or face-sheet.**

**For Lab Use Only**

Requisition # \_\_\_\_\_

**ICD Code(s) - REQUIRED INFORMATION**

\_\_\_\_\_ | \_\_\_\_\_

Copies to: (Name & Address, Fax & Phone) \_\_\_\_\_

Patient Name (Last) (First) \_\_\_\_\_ DOB \_\_\_\_\_

Social Security No. (Use last 6 digits only) \_\_\_\_\_ Sex M F ( ) Patient's Phone Number \_\_\_\_\_

Patient Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Practice Name & Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Physician Name \_\_\_\_\_ Physician NPI #: \_\_\_\_\_

**Patient History / Clinical Findings:**

Consultation Services:  Surgical Pathology  Hematopathology  \_\_\_\_\_  
 Specific Pathologist (list): \_\_\_\_\_

**Gerlinde Wernig, M.D.** \_\_\_\_\_

Request to perform  Consultation  Second Opinion  Other \_\_\_\_\_  
Requested by:  Pathologist  Attending Physician  Patient  Other \_\_\_\_\_

**Specimen 1** Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Facility Case No. \_\_\_\_\_

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
<input type="checkbox"/> Unstained Slide(s) <input type="checkbox"/> Stained Slide(s) <input type="checkbox"/> Paraffin Block <input type="checkbox"/> X ray film(s)/Photo(s) <input type="checkbox"/> Fresh Tissue-Site: _____		

**Specimen 2** Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Facility Case No. \_\_\_\_\_

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
<input type="checkbox"/> Unstained Slide(s) <input type="checkbox"/> Stained Slide(s) <input type="checkbox"/> Paraffin Block <input type="checkbox"/> X ray film(s)/Photo(s) <input type="checkbox"/> Fresh Tissue-Site: _____		

**Specimen 3** Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referring Facility Case No. \_\_\_\_\_

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
<input type="checkbox"/> Unstained Slide(s) <input type="checkbox"/> Stained Slide(s) <input type="checkbox"/> Paraffin Block <input type="checkbox"/> X ray film(s)/Photo(s) <input type="checkbox"/> Fresh Tissue-Site: _____		

**To:** Gerlinde Wernig, MD, Stanford Department of Pathology  
**Re:** Hematopathology Consult, Fibrosis and Granulation tissue

**From:**

Please find enclosed our case for consult.

Additional information provided: