

ANATOMIC PATHOLOGY CONSULTATION SERVICE

300 Pasteur Drive, Room H2110 ● Stanford, CA 94305-5624 ● Phone: (650) 723-7211 ● Fax: (650) 725-7409

Christina S. Kong, MD, Medical Director

ORL. http://pathology.sta	iniora.eau/		2022			
Patient Information			BILL TO:			
Patient Name (Last)	(First)	Date Of Birth	□ Patient □ PPO	□ HMO* □ Clien	It ☐ Medicare ☐ Outpatient	
			HMO Insurance Authoriza	ation #	Inpatient	
Referring Facility MRN	Sex Patient's Pho	ne Number	*Referring facility is responsible for obtaining HMO authorization. If claim is denied due for lack of authorization, the referring facility will be billed for services			
	M F ()		Insurance Info: Attach a copy of front & back of Insurance card or face sheet.			
Patient Address	City	State Zip Code		essional (M.D.) charges a		
Requestor Information						
Practice Name & Address						
			For Lab Use Only			
Physician Email:						
Phone No. Fax No.			REQUIRED INFORMATION	ICD Code(s) -		
Requesting Physician						
requesting Fifysician						
Physician Name		Date	Physician NPI #:	Physician Signature	- REQUIRED	
(Name & Address, Fax & Phon			<u> </u>	, , , , , , , , , , , , , , , , , , ,		
COPIES	e)					
TO:						
SERVICES REQUESTED:			ENTION:			
			urgical Pathology - <i>Subspecia</i>	ālty (list):		
Dor			ytopathology ermatopathology			
				matopathology		
D 011		🗆 N	europathology			
			ediatric Pathology			
		□ S _!	pecific Pathologist (list):			
Clinical Information/Consult Q	uestion:					
Specime	en A			Specimen B		
Collection Date://			Collection Date:/		·	
						
Specimen Site:			Specimen Site:			
	<u>itification</u>		QTY	<u>Identification</u>		
Unstained Slides			Unstained Slides _			
Stained Slides			Stained Slides			
Paraffin Block			Paraffin Block			
Froch Tiesuo			Froch Ticquo			