Stanford HEALTH CARE
STANFORD MEDICINE

Dermatopathology

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Kerri Rieger, MD, PhD ● Roberto Novoa, MD ● Ryanne Brown, MD

Patient Information

Patient Name (Last) (First) | Date Of Birth

Referring Facility MRN | Sex M F | Patient's Phone Number ( )

Patient Address | City | State | Zip Code

Requestor Information

Practice Name & Address

Phone No. | Fax No.

Requesting Physician

Physician Name | Date | Physician NPI #:

Physician Signature - REQUIRED _____

COPIES TO: (Name & Address, Fax & Phone)

BILL TO:

❑ Patient ❑ PPO ❑ HMO* ❑ Client ❑ Medicare
❑ Outpatient ❑ Inpatient

HMO Insurance Authorization # _____

**Referring facility is responsible for obtaining HMO authorization. If claim is denied due to lack of authorization, the referring facility will be billed for services.*

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

Technical (lab) and professional (M.D.) charges are billed separately.

For Lab Use Only

Medicare will only pay for services that are reasonable and necessary for the diagnosis and treatment of the patient. The physician must specify an ICD code to indicate the medical necessity of each test requested.

SPECIMEN LABELS

Patient Name (Last, First)
DOB: _____ Site: _____
0000000000 Date: _____

Patient Name (Last, First)
DOB: _____ Site: _____
0000000000 Date: _____

Patient Name (Last, First)
DOB: _____ Site: _____
0000000000 Date: _____

SPECIMEN INFORMATION

CLINICAL INFORMATION (Use extra sheets if more than 3 specimens)

SPECIMEN A:
❑ Alopecia Biopsy
❑ Lesional Biopsy
❑ Perilesional Biopsy
❑ Direct Immunofluorescent Stain/Stains (DIF)
❑ Indirect Immunofluorescent Stain/Stains (IIF)
❑ Electron Microscopy (EM)
❑ Send Duplicate Slide

Site / Slide Number: | Collection Date:
Clinical Findings:
SIZE:
CLINICAL DDX:

Clinical Photos:
❑ Enclosed with Specimen
❑ Sent Digitally
ICD Code(s):
1.
2.

SPECIMEN B:
❑ Alopecia Biopsy
❑ Lesional Biopsy
❑ Perilesional Biopsy
❑ Direct Immunofluorescent Stain/Stains (DIF)
❑ Indirect Immunofluorescent Stain/Stains (IIF)
❑ Electron Microscopy (EM)
❑ Send Duplicate Slide

Site / Slide Number: | Collection Date:
Clinical Findings:
SIZE:
CLINICAL DDX:

Clinical Photos:
❑ Enclosed with Specimen
❑ Sent Digitally
ICD Code(s):
1. _____
2. _____

SPECIMEN C:
❑ Alopecia Biopsy
❑ Lesional Biopsy
❑ Perilesional Biopsy
❑ Direct Immunofluorescent Stain/Stains (DIF)
❑ Indirect Immunofluorescent Stain/Stains (IIF)
❑ Electron Microscopy (EM)
❑ Send Duplicate Slide

Site / Slide Number: | Collection Date:
Clinical Findings:
SIZE:
CLINICAL DDX:

Clinical Photos:
❑ Enclosed with Specimen
❑ Sent Digitally
ICD Code(s):
1. _____
2. _____