

NEUROPATHOLOGY

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Slides/Blocks ³⁰ Wet Tissue	Stanford Anatomic Patho 10 Pasteur Drive, Room Stanford, CA 94305	H2110 Mu	Fresh 33	ford Anatomic Pathology 375 Hillview Avenue Palo Alto CA 94304	BILL TO: Patient PF HMO Insurance Author		□ Client	Medicare Outpatient
Patient Name	(Last)	(First)		DOB	*Referring facility is resport	sible for obtaining I		
Referring Institut	tion MRN	Sex M F	Patient's Pho	ne Number	Insurance Info: Attach a Technical (lab) and pr	copy of front & ba	ck of Insuran	ice card or face sheet.
Patient Address		City	,	State Zip Code				
Referring Institution/Practice (Name, address, phone, fax)					For Lab Use Only			
Ordering Ph	ysician Name:				REQUIRED INFORMAT	TION ICD Code	e(s) -	
				ate:	_			
Phone:		F	ax:		_	<u> </u>		
Required:	Neurologist/ Rheumatologist	Name:			Phone:	Fax	x:	
COPIES Na TO:	ame			Addr	ress			Fax
Patient Histo	ry: (Include family h	istory, neu	ro exam, resu	Its of electrodiagnos	stic studies, medications, app	licable lab data in l	paperwork, c	clinical impressions)
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	Biopsy Panel:				sic Muscle Biopsy Panel:			
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