Required Information is Highlighted

CellNetix Pathology & Laboratories

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Billing (877) 340-5884

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Patient Information

PATIENT LAST NAME	FIRST	M.I.	SEX

PATIENT D.O.B.	PATIENT SOCIAL SECURITY NUMBER	PHONE

STREET ADDRESS		
CITY	**STATE**	**ZIP**

Specimen Information

COLLECTION DATE	TIME

ICD-10 CODE(S)

Referring MDs

CC report to: First and Last Names

Billing Information

INSURANCE COMPANY NAME AND ADDRESS		
CITY	STATE	ZIP
INSURANCE/SUBSCRIBER ID#	SUBSCRIBER NAME/RESPONSIBLE PARTY	
INSURANCE/GROUP#	MEDICARE# ☐ PRIMARY ☐ SECONDARY	
SECONDARY	MEDICAID (coupon attached)	
☐ NO INSURANCE	WORKER'S COMP ☐ YES ☐ NO	

INTERNAL USE ONLY

DERMATOPATHOLOGY

☐ Consult Request ☐ Technical Only ☐ Global -Technical & Professional

Specimen A: ☐ Shave Bx ☐ Ellipse ☐ Punch Bx ☐ Check Margins ☐ Excision ☐ DIF ☐ Shave Removal	Site: Number of Pieces:	Clinical Findings & Diagnosis: _____ ☐ Special Stains: _____
Specimen B: ☐ Shave Bx ☐ Ellipse ☐ Punch Bx ☐ Check Margins ☐ Excision ☐ DIF ☐ Shave Removal	Site: Number of Pieces:	Clinical Findings & Diagnosis: _____ ☐ Special Stains: _____
Specimen C: ☐ Shave Bx ☐ Ellipse ☐ Punch Bx ☐ Check Margins ☐ Excision ☐ DIF ☐ Shave Removal	Site: Number of Pieces:	Clinical Findings & Diagnosis: _____ ☐ Special Stains: _____
Specimen D: ☐ Shave Bx ☐ Ellipse ☐ Punch Bx ☐ Check Margins ☐ Excision ☐ DIF ☐ Shave Removal	Site: Number of Pieces:	Clinical Findings & Diagnosis: _____ ☐ Special Stains: _____

03-13-2014