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Anatomical Pathology Specimen Requisition

Collection Date: _____ / _____ / _____		Patient's Social Security # _____ - _____ - _____		Date of Birth: _____ / _____ / _____	
Submitting Physician:		Patient Last Name / First Name / Middle Name			
Name / Practice _____		Street Address _____			
Street Address _____		City _____		State _____	Zip _____
City _____		State _____		Male <input type="checkbox"/> Female <input type="checkbox"/> Gender _____	
Zip _____		Phone _____ - _____ - _____		Patient Phone #: _____ - _____ - _____	
Fax _____		Guarantor Last / First Name: <i>(If different from Patient)</i> _____			
Bill To:		Street Address <i>(If different from Patient)</i> _____			
<input type="checkbox"/> Self-Pay <i>(Patient)</i>		City _____		State _____	Zip _____
<input type="checkbox"/> Facesheet attached		<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Medicare# _____		Guarantor Relationship to Patient _____			
<input type="checkbox"/> Medicaid# _____		<input type="checkbox"/> Secondary Insurance Relationship _____			
<input type="checkbox"/> Primary Insurance Relationship _____		Insurance Co. Name <i>(Please send copy of card)</i> _____			
Insurance Co. Name <i>(Please send copy of card)</i> _____		Street Address _____			
Street Address _____		City _____		State _____	Zip _____
City _____		State _____		Zip _____	
Policy # _____		Group # _____		Policy # _____	
Group # _____		Group # _____			
Specimen Source	Laterality	Anatomic Location	Procedure	ICD Codes	
A Lung, Skin	Left, Right	Upper, Lower, Lobe, Forehead	Biopsy, Excision	R87.610	
B Lung, Skin	Left, Right	Upper, Lower, Lobe, Forehead	Biopsy, Excision	R87.610	
C Lung, Skin	Left, Right	Upper, Lower, Lobe, Forehead	Biopsy, Excision	R87.610	
D Lung, Skin	Left, Right	Upper, Lower, Lobe, Forehead	Biopsy, Excision	R87.610	
E Lung, Skin	Left, Right	Upper, Lower, Lobe, Forehead	Biopsy, Excision	R87.610	
F Lung, Skin	Left, Right	Upper, Lower, Lobe, Forehead	Biopsy, Excision	R87.610	
G Lung, Skin	Left, Right	Upper, Lower, Lobe, Forehead	Biopsy, Excision	R87.610	
H Lung, Skin	Left, Right	Upper, Lower, Lobe, Forehead	Biopsy, Excision	R87.610	
Clinical Data/ Previous Therapy/ Pre-Operative and/or Post-Operative Diagnosis			Accession #: <i>Lab Use Only</i>		