

Client Information

Podiatric Pathology



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Submitting Physician

Specimen Accession #

Date of Collection

Patient Information

Last Name	First Name	MI
Street Address	City, State	Zip Code
Patient's Telephone # ()	Date of Birth (MM/DD/YYYY)	
SSN	Gender <input type="radio"/> Male <input type="radio"/> Female	
Patient's Employer	Work Telephone # ()	

Payment Information

Bill to:

Insurance Patient
 Medicare Client
 Medicaid Other _____

Insurance Company

Insurance Company Address

Patient's Ins. ID # Group #

Medicare # Medicaid #

Name of Insured

Secondary Insurance Information Also Attached

Guarantor Information (if different from above)

Last Name	First Name	MI
Street Address	City, State	Zip Code
Relationship to Patient	Telephone # ()	
SSN	Date of Birth (MM/DD/YYYY)	

Clinical Information

SPECIMEN # 1 Left Right
 Biopsy Excision Aspiration

SKIN

Pigmented Lesion (Rule out Melanoma)
 Non-Pigmented Lesion (Verrucous/Carcinoma)
 Dermatitis (Eczematous/Tinea)
 Ulceration (Malignancy/Vasculitis)
 Other _____

SOFT TISSUE

Mass (Ganglion/Lipoma/Sarcoma)
 Inflammatory (Tophus/Abscess)

BONE

Arthritis (HAV/Hammer Toe/DJD/RA)
 Lytic/Destructive (Osteomyelitis/Neoplasm)
 Other _____

NAIL UNIT

Nail Unit Dystrophy (Onychomycosis/Trauma)
 Histopathology with PAS
 Histopathology with PAS and Culture
 PAS Only (Repeat Cases Only)

Rule Out Neoplasia
 Pigmented Streak/Lesion (R/O Melanoma)
 Non-Pigmented Lesion (Verrucous/Carcinoma)

BACTERIOLOGY

Aerobic Culture
 Anaerobic Culture
 Fungus Culture
 KOH Prep (Nails)
 AFB Culture

SPECIMEN # 2 Left Right
 Biopsy Excision Aspiration

SKIN

Pigmented Lesion (Rule out Melanoma)
 Non-Pigmented Lesion (Verrucous/Carcinoma)
 Dermatitis (Eczematous/Tinea)
 Ulceration (Malignancy/Vasculitis)
 Other _____

SOFT TISSUE

Mass (Ganglion/Lipoma/Sarcoma)
 Inflammatory (Tophus/Abscess)

BONE

Arthritis (HAV/Hammer Toe/DJD/RA)
 Lytic/Destructive (Osteomyelitis/Neoplasm)
 Other _____

NAIL UNIT

Nail Unit Dystrophy (Onychomycosis/Trauma)
 Histopathology with PAS
 Histopathology with PAS and Culture
 PAS Only (Repeat Cases Only)

Rule Out Neoplasia
 Pigmented Streak/Lesion (R/O Melanoma)
 Non-Pigmented Lesion (Verrucous/Carcinoma)

BACTERIOLOGY

Aerobic Culture
 Anaerobic Culture
 Fungus Culture
 KOH Prep (Nails)
 AFB Culture

Indicate Site with Specimen # 1 & 2

Right

Left

