Client Information

Weill Cornell Medicine
Dermatopathology

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☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Physician's Office/Other

Code 128
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PATIENT INFORMATION

PATIENT LAST NAME | PATIENT FIRST NAME | HISTORY NUMBER

PATIENTS AGE | DATE OF BIRTH | MO. | DAY | YR. | SEX ☐ Male ☐ Female

INSURANCE IDENTIFICATION NUMBER | GROUP NUMBER

BILLING INFORMATION

BILL ▶ ☐MEDICARE ☐MEDICAID ☐RESPONSIBLE PARTY ☐INSURANCE ☐PATIENT ☐CLIENT

NAME OF INSURANCE CARRIER/GUARANTOR

ADDRESS OF INSURANCE CARRIER/GUARANTOR

BILL TO NAME OR SECONDARY INSURANCE INFORMATION (IF DIFFERENT FROM ABOVE)
LAST | FIRST

PATIENT'S ADDRESS | APT. NO.

CITY

STATE | ZIP CODE | PATIENTS TELEPHONE NUMBER AREA CODE

PLEASE AFFIX ONE LABEL TO EACH JAR.

Distance from top of form to bottom of label = 4.75"
Distance from left side of form to left side of label = 4.75"
(On continuous forms this includes the stub.)
Label width = 4"
Label depth = 1.3125"

SIGNIFICANT CLINICAL HISTORY (REQUIRED FOR PROCESSING)

ICD-10 CODES:

Prior Steroid Therapy

BIOPSY PROCEDURE | PLEASE CIRCLE: PUNCH SLICE INCISION EXCISION CURETTE | SPECIMEN DATE MO. DAY YR. | NO. OF SPECIMENS

HISTOLOGY

Biopsy Data (Please identify anatomic site below and apply appropriate label to jar)

Jar #	Biopsy Type / Site	Signs and Symptoms	Read Margins

50930 (1/16)

1. PLEASE HAVE PATIENT SIGN THE ADVANCE BENEFICIARY NOTICE (ABN) ON THE BACK OF THE FIRST PAGE.
2. ALL DERMATOPATHOLOGY SPECIMENS MUST BE LABELED WITH PATIENT NAME, SOURCE OF SPECIMEN, SPECIMEN COLLECTION DATE.
3. ADDITIONAL ANCILLARY STUDIES, SUCH AS SPECIAL STAINING TECHNIQUES AND MARKER STUDIES, ARE PERFORMED AT THE DISCRETION OF THE PATHOLOGIST TO PROPER DIAGNOSIS, UNLESS OTHERWISE INDICATED ON THE REQUISITION.

DERMPATH COPY