

Surgical Pathology Requisition Department of Pathology & Laboratory Medicine 310 East 14th Street New York, NY 10003

Phone: 212-979-4156 Fax: 212-677-1284

PATIENT INFORMATION						
Patient Name (Last, First):				Patient's Telephone Number:		
Patient Address:		City:		State:	Zip Code:	
☐ MALE ☐ FEMALE	Date Of Birth:			Patient's Social Security No.		
REQUESTING PHYSICIAN INFORMATION						
REQUESTING PHYSICIAN NAME (PRINT):		REQUESTING PHYSICIAN NPI NUMBER:				
REQUESTING PHYSICIAN SIGNATURE:		PHONE NUMBER:				
DATE:		FAX NUMBER:				
INSURANCE INFORMATION						
COMPLETE AND ATTACH A COPY OF PRIMARY AND SECONDARY INSURANCE CARD						
INSURANCE 1:	POLICY #:			POLICY HOLDER:		
GROUP #:	AUTH #:			RELATION TO PATIENT:		
ADDRESS: CITY:	CITY: STATE:			TELEPHONE NUMBER:		
INSURANCE 2:	POLICY #:			POLICY HOLDER:		
GROUP #:	AUTH #:			RELATION TO PATIENT:		
ADDRESS: CITY:	STATE:	ZIP:		TELEPHONE NUMBER:		
CLINICAL INFORMATION						
Date of Procedure: Time of Procedure:						
Test(s) Requested: Surgical Pathology Microbiology FNAB Other (specify)						
ICD Code(S) or Clinical Reasons for Tests Orders:						
Clinical Diagnosis:			ICD-10 Diagnosis Code:			
Specimen Source(S	Clinical Information					
A)						
B)						
C)						
D)						
E)						
Previous Pathology Case Number:						
☐ Dr. Jodi Sassoon, Laboratory Director			DO NOT WRI	TE IN THIS SPAC	CE	
☐ Dr. Codrin Iacob						
☐ Dr. Nada Farhat						