

Request for Consultation

Referring Physician: _____

Date Sent: _____

Address: _____

Phone: _____

City/State/Zip: _____

Fax: _____

Patient Information and History

Name: _____

Age: _____

DOB: _____

Social Security #: _____

Gender: _____ Male

_____ Female (check one)

Address: _____

City/State/Zip: _____

Site of Biopsy (s): _____

Reason for Consultation: _____

Materials Submitted

Slides: Path#: _____ No.: _____

Blocks: Path#: _____ No.: _____

Slides: Path#: _____ No.: _____

Blocks: Path#: _____ No.: _____

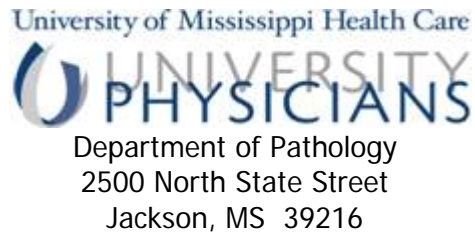
Billing Instructions

Direct facility bill to:

Referring Physician _____

Clinician (Name & Address):

Other:



Consultation Service Hours of Operation / Billing Fees

Hours of operation: 8:00 am – 5:00 pm (CST) Monday – Friday

Current billing fees are as follows:

Consultation, referred slides, limited (CPT 88321)	\$277.00
Consultation, referred slides, requiring preparation of slides (CPT 88323)	\$559.00
Immunoperoxidase (CPT 88342)	\$478.00
Special Stain Group I (CPT 88312)	\$227.00
Special Stain Group II (CPT 88313)	\$178.00

The attached requisition must accompany all consultation requests.

Kindly provide a copy of the Surgical Pathology report and package with slide protection. Thank you