

**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):

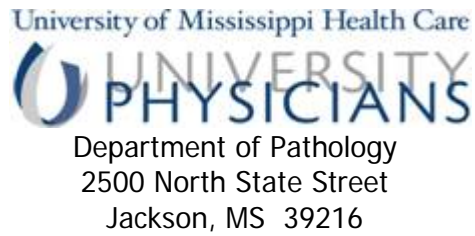
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*