

Surgical Pathology Requisition

VERIPATH LABORATORIES

Surgical Pathology

5201 Harry Hines Blvd.
Dallas, Texas 75235-9073
CLIA #45D-0659587
CAP #2723201

Lab: 214-590-8175
FAX: 214-590-6586
Customer Service: 214-645-7057
Toll Free: 877-887-8136
www.veripathlabs.com

ACCOUNT INFORMATION	
Bill to: <input type="checkbox"/> Client <input type="checkbox"/> Insurance* <input type="checkbox"/> Patient* *Complete 3rd party billing information	
Client Name/Account Number:	
Client Address:	
City/State/Zip:	
Client Phone:	Client FAX:

REQUIRED ORDER INFORMATION					
Patient Name: (Last, First, Middle)		Mother's Name: (if infant)	Patient ID/MR #:	DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Order:	Specimen Collected at: <input type="checkbox"/> Hospital Discharge Date: _____		<input type="checkbox"/> Clinic/Office	Collection Date:	Collection Time:
ICD-9 Code(s) or Clinical Reasons for Tests Ordered:					
Ordering Physician:	UPIN	Phone:	Pager:	FAX:	

3rd PARTY BILLING INFORMATION: (Complete OR attach a copy of insurance card and authorization)					
Insured/Responsible Party Name: (if different from above-Last, First, MI)		DOB:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone:	Patient's Relationship to Insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other
Address:		City:		State:	Zip:
<input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> Other		Policy #:	Group #:		
Member ID#:	Insurance Co. Name:		Insurance Co. Address:		Insurance Co. Phone:
Employer's Name:	Employer's Phone:	Referral Authorization/Precertification #: Name: _____ Date/Time: _____			

SOURCE OF SPECIMENS	CLINICAL INFORMATION
Sample source (1): _____ Sample source (2): _____ Sample source (3): _____ Sample source (4): _____ Sample source (5): _____ Sample source (6): _____	Clinical History or Radiological Findings: _____ _____ _____ _____ _____ _____

Special Requests:

FOR VERIPATH USE ONLY:		VERIPATH ACCESSION # _____			
Date/Time Received: _____	Condition of specimen: _____	Initials: _____			
Description	CPT Code	Number	Description	CPT Code	Number
Gross only, level I	83300		Sp. stains, organisms	88312	
Gross & micro, level II	83302		Sp. stains, other	88313	
Gross & micro, level III	83304		Outside consult	88321	
Gross & micro, level IV	83305		Intraoperative gross consult	88329	
Gross & micro, level V	83307		First frozen section	88331	
Gross & micro, level VI	83309		Addtl. frozen section	88332	
Decal	83311		Touch preps	88161	
Immunostains	88342		Faxitrons	76098	
Other			Other		