



Delta Dermatology

Alexandria

211 Fourth St.
 Alexandria, LA 71301
 318-769-3 Tel
 318-769-3 Fax

Lafayette

4801 Ambassador Caffery
 Lafayette, LA 70508
 337-470-4 Tel
 337-470-4051 Fax

Monroe

309 Jackson St.
 Monroe, LA 71201
 318-966-4105 Tel
 318-966-4423 Fax

Greater New Orleans

1141 Whitney Ave. Bldg 3
 Gretna, LA 70056
 504-361-3757 Tel
 504-361-3132 Fax



Shreveport

2915 Missouri Ave.
 Shreveport, LA 71109
 318-621-8820 Tel
 318-212-4189 Fax

Toll Free:
1-800-530-5088

DERMATOPATHOLOGY

PATIENT INFORMATION			
Last Name		First	MI
Address			
City		State	ZIP
Social Security Number			
Medical Record Number		Phone Number	
Date of Birth		___ Male	___ Female
Physician Last Name, First, MI			
Additional Report To:			
Nurse			
Collection Date	Time	Room #	ID #
Clinical History:			

BILLING INFORMATION	
BILL TO: ___ Patient ___ Medicare ___ Medicaid ___ Other	
Subscriber Name	Primary Care Physician
Medicare Number	Suffix(es)
Medicaid Number	State
Policy Number	Group Number
Primary Insurance Company	
Address	
Secondary Insurance Company	Policy Number
Group number	
Address	
<p>MARK AREA FROM WHICH SPECIMEN WAS REMOVED. DESCRIBE SOURCE IN AREA BELOW.</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p style="text-align: center;">FRONT BACK</p>	

Site	Impression	Excision To Fat	EDC	Excision	Excision Ck Margins	Biopsy	DIF	FS
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

LAB USE ONLY FS DIAGNOSIS:
INITIALS
H&E QC Acceptable _____ Time In _____ Time Out _____ Cryostat temp _____
The results of the Frozen Section examination were reported to the physician listed above on today's date at the time indicated.

No. of Containers Submitted
LAB USE ONLY – ACCESSION NO.