

# Delta Dermatopathology



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Alexandria, LA 71301  
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318-769-3907 Fax

**Monroe**  
309 Jackson Street  
Monroe, LA 71201  
318-966-4886 Tel  
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**Lafayette**  
4801 Ambassador Caffery  
Lafayette, LA 70508  
337-470-4638 Tel  
337-470-4051 Fax

**Greater New Orleans**  
5525 Mounes Street  
New Orleans, LA 70123  
504-729-6179 Tel  
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**Lake Charles**  
524 Michael DeBakey Dr.  
Lake Charles, LA 70601  
337-431-7839 Tel  
337-210-4908 Fax

**Shreveport**  
2915 Missouri Ave  
Shreveport, LA 71109  
318-364-2000 Tel  
318-212-4189 Fax

**Meridian**  
1512 20th Ave  
Meridian, MS 39301  
601-483-8300 Tel  
601-485-6455 Fax

**Texarkana**  
2600 St. Michael Drive  
Texarkana, TX 75503  
903-614-2851 Tel  
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## DERMATOPATHOLOGY

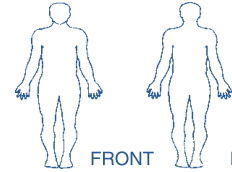
### PATIENT INFORMATION

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

<b>BILL TO:</b> ___ 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	

MARK AREA FROM WHICH SPECIMEN WAS REMOVED. DESCRIBE SOURCE IN AREA BELOW.



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

<b>LAB USE ONLY</b>   FS DIAGNOSIS:	No. of Containers Submitted
INITIALS	<b>LAB USE ONLY - ACCESSION NO.</b>
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.	

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