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Texarkana 2600 St. Michael Drive Texarkana, TX 75503 903-614-2851 Tel 903-614-6349 Fax

## HISTOLOGY EXAMINATION REQUEST

PATIENT INFORMATION				BILLING INFORMATION		
Print Firmly & Clearly or Use Addressograph				BILL TO: Patient Medicare Medicaid Other		
				BILL 10. Tallette Mee	medicald Other	
Last Name First MI						
Address				Subscriber Name Primary Care Physician		
				Medicare Number	Guffiv(s) Copy of	
City State ZIP					FRONT & BACK	
Social Security Number				Medicaid Number	State Preferred	
Occidi Occurry Mari				l l l l l l l l l l l l l l l l l l l	Preferred	
Medical Record Number Phone Number				Policy Number	Group Number	
				Primary Insurance Company		
Date of Birth Male Female						
Physician Last Name, First, MI				Address		
Additional Report To:				Secondary Insurance Company	Policy Number Group Number	
Nime				Address		
Nurse				Address		
Collection Date	Time	Room #	ID #			
Collection Bate	11110	110011111				
☐ GROSS AND MICROSCOPIC EXAM ☐ BONE MARROW ☐ DIRECT IMMUNOFLUORESCENCE						
				GROSS EXAM ONLY		
FROZEN SECTION FLOW CYTOMETRY			_	FISH		
☐ CYTOGENETICS				☐ OTHER		
SPECIMEN(S) SUBMITTED						
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5. 10. CLINICAL DIAGNOSIS / PATIENT HISTORY						
LAB USE ONLY   FRO	OZEN 🗌 ORC	W/O FROZEN ☐ OR	C TOUCH PREP			
DIAGNOSIS:					No. of Containers	
					Submitted	
					LAB USE ONLY - ACCESSION NO.	
				INITIALS		
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				Patient identification confirm day's date at the time indicated.	ea	
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