

# SURGICAL PATHOLOGY REQUEST FORM



**PHYSICIANS  
LABORATORY**

*focused on excellence*

SIOUX FALLS, SD  
MITCHELL, SD

SPENCER, IA  
YANKTON, SD

**Client Services:** (605) 322-7212 • (800) 658-5474

**Website:** [www.plpath.com](http://www.plpath.com)

SEX	DATE OF BIRTH	DATE COLLECTED
SOCIAL SECURITY NO.		
PRINT PATIENT NAME – FIRST, MIDDLE, LAST		
STREET		APT. NO.
CITY	STATE	ZIP

TELEPHONE NO. ( )	RESPONSIBLE PARTY & ADDRESS (if other than patient.)
BILL TO: <input type="checkbox"/> SUBMITTING CLINIC <input type="checkbox"/> PATIENT / INS <input type="checkbox"/> MEDICARE / MEDICAID <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	
MEDICARE I.D. NO.	MEDICAID (WELFARE) NO.
INSURANCE COMPANY NAME, ADDRESS	
INSURED'S I.D. NO.	INSURED'S GROUP NO.
CHART NUMBER	DIAGNOSIS / ICD-9 CODE

CLINIC CODE
SUBMITTING PHYSICIAN
PHYSICIAN / PROVIDER SIGNATURE

## SPECIMEN(S) SUBMITTED

- |          |           |
|----------|-----------|
| 1) _____ | 6) _____  |
| 2) _____ | 7) _____  |
| 3) _____ | 8) _____  |
| 4) _____ | 9) _____  |
| 5) _____ | 10) _____ |

Special Requests: \_\_\_\_\_

Clinical History \_\_\_\_\_

FOR LAB USE ONLY – DO NOT WRITE OR PLACE A LABEL BELOW THIS LINE

Intraoperative Consultation \_\_\_\_\_