55-0659 (08/19)

University of Maryland St. Joseph Medical Center

7601 Osler Drive • Towson, MD 21204-7582



Please complete all required highlighted and * fields. 410-33					Surgical Pathology Accession No.
*PATIENT			*INSURANCE		
*DATE OF BIRTH	SEX	*INSURANCE ADDRESS			
*ADDRESS			*POLICYHOLD	ER	*DATE OF BIRTH *RELATIONSHIP TO PATIENT
CITY	STATE	ZIP	*POLICY#		*GROUP #
SOCIAL SECURITY #	PRIMARY CA	RE PHYSICIAN	*SECONDARY INSURANCE		(PATIENT MEDICARE SECONDARY PAYOR INFORMATION REQUIRED)
		Operating Room Number			- *Print Name of
* Date:		Phone Extension:			Surgeon:
	h a al. [0] \				
TYPE OF REQUEST (Please C					
□ Routine	□ Gross Consultation				□ Special Stain:
□ Frozen Section	□ Operating Room Consultation				□ ERA and PgRA Assays
□ Rush	□ Review of Previous Pathology Specimen(s)				□ Renal Biopsy
□ Other Special Consultation: _					
PERTINENT CLINICAL HISTORY:					OB/GYN
				Ì	Previous Cytology:
					Menstrual History: LMP:
Previous Surgery/Biopsy: ¬Yes ¬No Where:					
*Pre-Operative Diagnosis (ICD-10):					ative Findings:
Post-Operative Diagnosis:					
Specimen(s) Submitted: (Identify each specimen as to location and source)					
*Surgeon Signature		*D	ate		Time
Frozen Section Diagnosis (or G	ross Consultation)	:			
MRN#					
		White-Lab Yellow-Lab	M.D.	11177	
		TTIMO Lab I CIIOW-Lab			

Request For Surgical Pathology Consultation