



Tissue Examination Request - Surgical Pathology
PATHOLOGY CONSULTANTS OF GREEN BAY, S.C.
 Bellin Hospital - Dept. of Pathology

Patient Sticker Here

PATIENT INFORMATION REQUIRED FOR BILLING

DATE _____

THE FOLLOWING PATIENT INFORMATION IS NEEDED BY PATHOLOGY CONSULTANTS OF GREEN BAY, S.C. AND BELLIN HOSPITAL TO INSURE PROPER BILLING FOR TISSUE EXAMINATION REQUESTED BY YOUR HOSPITAL OR CLINIC.

BILL CLINIC DIRECT BILL PATIENT DIRECT CLINIC NAME _____

PATIENT'S NAME LAST FIRST M.I.

RESPONSIBLE PARTY'S NAME LAST FIRST M.I.

RESPONSIBLE PARTY'S STREET ADDRESS

CITY STATE ZIP CODE PATIENT'S SEX

PATIENT'S SOCIAL SECURITY # PATIENT'S D.O.B. MEDICARE # MED. ASSIS. # ICD-9CM CODE #

PRIMARY INSURANCE INFORMATION ATTACH A COPY OF BOTH SIDES OF INSURANCE CARD

SECONDARY INSURANCE INFORMATION ATTACH A COPY OF BOTH SIDES OF INSURANCE CARD

PHYSICIAN/SURGEON PATH NO.

OPERATION

PRE-OPERATIVE DIAGNOSIS OR PERTINENT HISTORY

SPECIMEN A

SPECIMEN B

SPECIMEN C

SPECIMEN D

SPECIMEN E

SPECIMEN F

SPECIMEN G

SPECIMEN H

PHYSICIAN / SURGEON SIGNATURE

HISTOTECH _____

NURSE _____