

**PATHOLOGY OUTPATIENT
REQUEST FORM**



Alaska
Medical Center

P.O. Box 196604 Anchorage, AK 99519-6604

PATHOLOGY (907) 212-3098 • FAX (907) 212-4873

DID YOU INCLUDE...

- DIAGNOSIS CODE(S)?
- TEST(S) TO BE PERFORMED?
- PROVIDER FIRST/LAST NAME?
- WHO TO BILL?

ORDERING PROVIDER SIGNATURE:		SEX (REQUIRED):	
RESEARCH STUDY NAME (IF APPLICABLE):		<input type="checkbox"/> MALE	<input type="checkbox"/> STAT
<i>PLEASE PRINT CLEARLY</i> ALL INFORMATION MUST BE PROVIDED. USE BLACK OR BLUE INK ONLY.		<input type="checkbox"/> FEMALE	Phone: _____
PATIENT'S FULL LEGAL NAME (REQUIRED)		<input type="checkbox"/> OTHER	Fax #: _____
LAST:	FIRST:	MI:	<input type="checkbox"/> Fax Results Immediately
DIAGNOSIS ICD CODE(S) (REQUIRED):		DATE OF BIRTH (REQUIRED):	
ADDITIONAL COPIES TO:		SUBSCRIBER (LAST, FIRST, MIDDLE)	
<input type="checkbox"/> CLIENT/PHYSICIAN ACCOUNT	<input type="checkbox"/> PATIENT BILL COMPLETE REQUIRED AREAS	<input type="checkbox"/> INSURANCE COMPLETE ALL AREAS	DATE OF BIRTH
GUARANTOR (LAST, FIRST, MIDDLE) (REQUIRED EXCEPT FOR MEDICARE)		ADDRESS (CITY, STATE, ZIP)	
ADDRESS		PHONE #	PATIENT RELATIONSHIP
CITY/STATE/ZIP CODE:		INSURANCE CO.	
PT. RELATIONSHIP:		CLAIMS ADDRESS (CITY, STATE, ZIP)	
HOME PHONE NO.:	WORK PHONE NO.:	INSURANCE PHONE	INSURANCE/MEMBER POLICY # GROUP #
TODAY'S DATE (REQUIRED):		COLLECTION DATE (REQUIRED):	
		COLLECTION TIME (REQUIRED):	
SURGEON _____		CLINICAL HISTORY/PRE-OP, POST-OP DIAGNOSIS	
<input type="checkbox"/> FROZEN SECTION PHONE # _____		_____	
SPECIMEN(S):		_____	
1. _____		_____	
2. _____		_____	
3. _____		_____	
4. _____		_____	
5. _____		_____	
6. _____		_____	
7. _____		_____	
8. _____		_____	
9. _____		_____	
10. _____		_____	
11. _____		_____	
12. _____		_____	
13. _____		_____	
		LAB USE ONLY:	
		ACCESSION NUMBER: _____	
		MEDICAL RECORD NUMBER: _____	
		ACCOUNT NUMBER: _____	

**NOW OFFERING MORE SPECIMEN COLLECTION
LOCATIONS TO SERVE YOU BETTER**

Huffman PSC

(inside Providence Primary Care office)
1389 Huffman Park Drive, Suite 202
Anchorage, AK 99508
Phone (907) 212-3631
Fax (907) 212-3632

Tudor Square

3425 E. Tudor Road
Anchorage, AK 99504
Phone (907) 212-3631
Fax (907) 212-3632

Providence Health Park

3841 Piper Street, Suite T-211
Anchorage, AK 99508
Phone (907) 212-3631
Fax (907) 212-3632

For hours of operation and
testing directory go to:
www.alaska.providence.org

Note: When a patient visits a patient service center, photo identification
and insurance cards are required.

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