

Tucson Pathology Associates

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A Division of Pathology Specialists of Arizona, LLC

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 Carlos Cantu, MD
 Khalid About Nasr, MD
 Irene Aguilera-Barrantes, MD

Breast Biopsy Requisition

Please provide all patient information including insurance or a copy of the card.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Patient's Name</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Or Label</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Patient's Address</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>City</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>State</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Zip</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Phone #</td> <td><input style="width: 90%;" type="text"/></td> </tr> </table>	Patient's Name	<input style="width: 90%;" type="text"/>	Or Label	<input style="width: 90%;" type="text"/>	Patient's Address	<input style="width: 90%;" type="text"/>	City	<input style="width: 90%;" type="text"/>	State	<input style="width: 90%;" type="text"/>	Zip	<input style="width: 90%;" type="text"/>	Phone #	<input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/> Time <input style="width: 90%;" type="text"/> DOB <input style="width: 90%;" type="text"/> Sex <input style="width: 90%;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ICD10</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 20px;">For TPA use only</td> </tr> </table>	ICD10	<input style="width: 90%;" type="text"/>	For TPA use only	
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Patient's Insurance Info <input style="width: 90%;" type="text"/>		Copy of Card: <input type="radio"/> Y <input type="radio"/> N																		

Specimen Description	Ischemic Time <input style="width: 90%;" type="text"/>										
<table border="0" style="width: 100%;"> <tr> <td>Specimen A</td> <td><input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Breast <input type="checkbox"/> Axilla <input type="checkbox"/> Lymph Node <input type="checkbox"/> RPMI <input type="checkbox"/> MRI Lesion</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Calcs <input type="checkbox"/> W/O Calcs <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> FNA <input type="checkbox"/> Core <input type="checkbox"/> Vacuum <input type="checkbox"/> Mass</td> </tr> <tr> <td>Clinical DX</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Position</td> <td><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Size</td> <td><input style="width: 90%;" type="text"/></td> </tr> </table>	Specimen A	<input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Breast <input type="checkbox"/> Axilla <input type="checkbox"/> Lymph Node <input type="checkbox"/> RPMI <input type="checkbox"/> MRI Lesion		<input type="checkbox"/> Calcs <input type="checkbox"/> W/O Calcs <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> FNA <input type="checkbox"/> Core <input type="checkbox"/> Vacuum <input type="checkbox"/> Mass	Clinical DX	<input style="width: 90%;" type="text"/>	Position	<input style="width: 90%;" type="text"/>	Size	<input style="width: 90%;" type="text"/>	
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Clinical DX	<input style="width: 90%;" type="text"/>										
Position	<input style="width: 90%;" type="text"/>										
Size	<input style="width: 90%;" type="text"/>										
<input type="checkbox"/> If invasive perform ER, PR & Her2 <input type="checkbox"/> If invasive perform Ki-67 <input type="checkbox"/> If in situ perform ER,PR											

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Physician _____ **Ordering Physician Signature** _____ **Date** _____

Specimen Receiver	<input style="width: 90%;" type="text"/>	Accessioner	<input style="width: 90%;" type="text"/>
Date and Time Received		<input style="width: 90%;" type="text"/>	