

# Tucson Pathology Associates



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## Dermatopathology Requisition

Please Print Clearly

Date

DOB

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

Patient's Name

Or Label

Sex

Phone #

Zip

City

State

Patient's Address

Patient's Insurance Info

For TPA  
use only

Copy of Card:  Y  N

Specimen Description

Location	Punch	Shave	Excision	Incision	Clinical Information	Check Margin	Accession#

Physician

\_\_\_\_\_

Ordering Physician Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Copy to

Fax  Paper  Web

Copy to

Fax  Paper  Web

Copy to

Fax  Paper  Web

Comments

For TPA use only

Specimen Receiver

Accessioner

Date and Time Received