

# Tucson Pathology Associates



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## Surgical Pathology Requisition

Please Print Clearly

Date

Clinical DX

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

Patient's Name

Or Label

ICD10

DOB

Sex

Phone #

Patient's Address

City

State

Zip

Patient's Insurance Info

Copy of Card:

Y  N

For TPA  
use only

### Specimen Description

A

L  R

E

L  R

B

L  R

F

L  R

C

L  R

G

L  R

D

L  R

H

L  R

Type of Procedure:

Punch  Shave  Incisional  Excisional  Check Margins  Bx

Physician

Ordering Physician Signature

Copy to

Fax  Paper  Web

Date

Copy to

Fax  Paper  Web

Copy to

Fax  Paper  Web

Comments

For TPA use only

Specimen Receiver

Accessioner

Date and Time Received