

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

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