

Tucson Pathology Associates



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A Division of Pathology Specialists of Arizona, LLC

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

For TPA
use only

Copy of Card: Y N

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