UFHealth
PATHOLOGY LABORATORIES

ALL ORANGE AREAS ARE REQUIRED.

Practice name: ____________________
Address: ____________________
E-mail: ____________________
Phone: ____________ **Fax:** ____________

ORAL/MAXILLOFACIAL PATHOLOGY REQUISITION

Patient information

Name (last, first, middle initial): ____________________

Date of birth (MM/DD/YYYY): ____________________

Medical record/Patient ID#: ____________________

Place of service:
- ☐ Hospital inpatient
- ☐ Ambulatory surgical center
- ☐ Hospital outpatient
- ☐ Office/Non-hospital

Billing information | We will help file medicare/medicaid and other types of medical insurance (not dental insurance).

Along with this requisition, you MUST include copies of:
- **The patient's demographics sheet;**
- **Both sides of the patient's insurance card(s); and**
- **Any secondary insurance information (if applicable).**

Provider information

Ordering physician: ____________________

Phone: ____________ **Fax:** ____________

Ordering physician NPI #: ____________________

Duplicate report sent to: ____________________

Duplicate report fax: ____________________

Clinical history narrative/Clinical question*:

**An Advance Beneficiary Notice of Noncoverage form must be completed and attached for all Medicare patients.*

Collection date: ____________ **Time:** ___:___ **A.M./P.M.**

Patient signature/Signature of patient-authorized representative

I authorize the processing and submission of this specimen, along with the release of any medical or other information necessary to process my insurance claim.

Signed: ____________________ **Date:** ____________

Specimen type

- ☐ Excisional
- ☐ Incisional
- ☐ Smear/Aspiration
- ☐ Direct immunofluorescence

Biopsy location (Use the appropriate figure(s) below.)

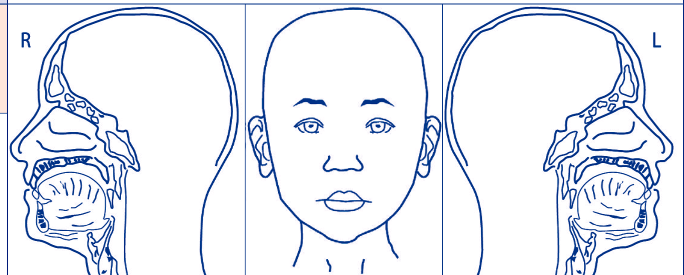
- ☐ Buccal mucosa
- ☐ Gingiva
- ☐ Palate (hard)
- ☐ Teeth
- ☐ Tongue
- ☐ Tonsil
- ☐ Uvula
- ☐ Palate (soft)
- ☐ Left
- ☐ Right
- ☐ Upper
- ☐ Lower
- ☐ Other: ____________________

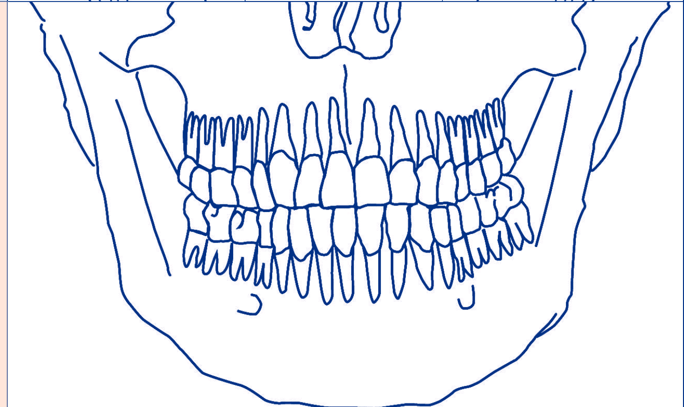
X-Rays/Other photos enclosed?:** ☐ Yes ☐ No

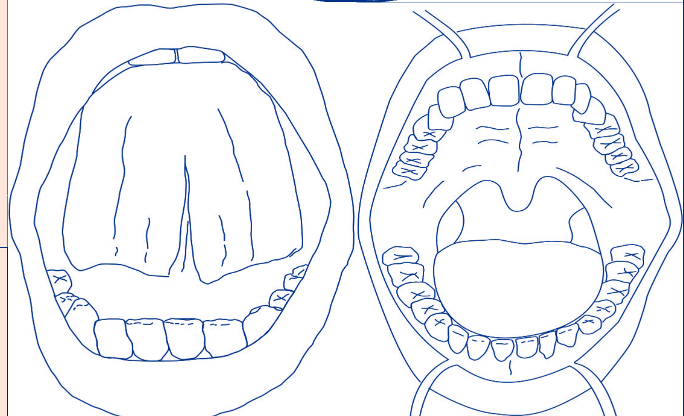
Include an x-ray with this requisition if the lesion involves bone.

Cultures/Microbiology

- ☐ Fungal culture
- ☐ Wound culture
- ☐ Fluid aspirate







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http://pathlabs.ufl.edu

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