San Diego Pathologists
Medical Group, Inc.

Call 619.297.4900
Fax 619.297.5460
info@sdpath.com

7592 Metropolitan Dr Ste 405
San Diego, CA 92108
sdpath.com

Pathology Requisition

ACCESSION NO

ORDERING PHYSICIAN

DOCTOR/INSTITUTION	NPI
ADDRESS	
CONTACT PERSON	PHONE
COPY TO DOCTOR	
COPY TO DOCTOR	

PATIENT

LASTNAME	FIRSTNAME		MRN
DOB	SEX ☐ M ☐ F	SSN	PHONE
ADDRESS			
CITY		STATE	ZIP

INSURANCE

INSURANCE TO BILL

☐ Self Pay ☐ Medi-Cal ☐ Medicare ☐ Tricare ☐ Insurance name: _____

Attach front and back copy of insurance card and other supporting documents.

MEMBER ID #	SUBSCRIBER	RELATION

DIAGNOSIS

CLINICAL DIAGNOSIS	ICD

SPECIMEN

COLLECTION DATE	COLLECTION TIME	TIME IN FORMALIN
SPECIMEN SITE 1		
SPECIMEN SITE 2		
SPECIMEN SITE 3		
SPECIMEN SITE 4		

NOTES

ADDITIONAL NOTES

Complete and enclose this form with your order.
If you have any questions, please contact us at (619) 297-4900.