San Diego Pathologists
Medical Group, Inc.

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San Diego, CA 92108
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# 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.