SURGICAL PATHOLOGY REQUISITION

Dahl-Chase Pathology Associates
417 State Street, Suite 540
Bangor, ME 04401
(207) 941-8200 / 1-800-660-1626

DAHL-CHASE PATHOLOGY ASSOCIATES

Name _____	Name _____	Name _____
DOB or MRN _____	DOB or MRN _____	DOB or MRN _____
Source _____	Source _____	Source _____

PLEASE PRINT
COMPLETE ALL PATIENT INFORMATION OR ATTACH DEMOGRAPHIC SHEET AND/OR COPY OF INSURANCE CARD(S) (BOTH SIDES)

PATIENT

Patient Name (Last, First, MI)		
Date of Birth	**Sex** ☐ M ☐ F	Telephone
Social Security Number		Medical Record Number
Mailing Address		
City, State, Zip		

CLINICIAN

Requesting Clinician Name (Last, First)	
Clinician Office/Clinic	
Collection Date & Time	Requisition completed by

INSURANCE

Primary Insurance Name	
Primary Insurance Policy ID	Group Number
Primary Medical Claims Address, City, State, Zip	
Secondary Insurance Name	
Secondary Insurance Policy ID	Group Number
Secondary Medical Claims Address, City, State, Zip	
Copy to Clinician Name (Last, First, & Office Location)	
☐ Correlation with previous or concurrent case: _____	

PRIORITY:
☐ Routine
☐ Next business day rapid (will call office)
☐ Next day rapid (will call provider on weekends and holidays)
Provider contact # required _____

EXAM REQUESTED:
☐ Gross only
☐ Microscopic
☐ Frozen section
☐ Flow cytometry (Requires separate requisition)

LOCATION:
☐ Physician office patient
☐ OR
☐ Day Surgery
☐ Radiology/Ultrasound
☐ Inpatient Floor
☐ Emergency Room

CLINICAL INFORMATION including Symptoms and/or Pre-Op Diagnosis:

For Placentas include gestational age, apgars of baby and prenatal history
For Fractures ☐ Closed ☐ Open Grade_____
For Fractures and Tears ☐ Initial ☐ Subsequent ☐ Sequela
For Fractures and Tears ☐ Routine ☐ Delayed Healing
For Spleen Lacerations ☐ Initial ☐ Subsequent ☐ Sequela
☐ Accidental during procedure

POST OP Dx:

SURGICAL PROCEDURE:

TISSUE SOURCE & LOCATION (Specify Left or Right if applicable):