SMA Specialty Medical Lab

Toll Free: (877) 697-6252 • **Fax:** (888) 322-9524

940 Pennsylvania Blvd., Unit A, Feasterville, PA 19053
40 Exchange Place, Suite 701, New York, NY 10005

2944 SW 26th Terrace, Suite 502, Dania Beach, FL 33312
Phone: (954) 306-3667 • **Fax:** (954) 306-3157

PODIATRIC PATHOLOGY

PATIENT INFORMATION

Last Name | First Name | M.I.

Street Address | Apt# | City | State | ZIP

Phone | SSN | D.O.B. | M ☐ F ☐

INSURANCE INFORMATION

Insurance Name | I.D. # | Group#

☐ Bill Medicare ☐ Bill Medicaid ☐ Bill Patient ☐ Bill Client

SPECIMEN INFORMATION

Date Collected:____/____/_____ Time Collected: _____

Fasting: ☐ Yes ☐ No Fax results to: _____ ☐ STAT

ICD9 CODES						

PLEASE ATTACH COPIES OF FRONT AND BACK OF INSURANCE CARD OR FILL OUT INSURANCE SECTION

☐ **SKIN**
- ☐ Pigmented / Melanoma / Nevus
- ☐ Verruca / Squamous Cell Carcinoma
- ☐ Dermatitis / Tinea / Psoriasis
- ☐ Other: _____

☐ **NAIL**
- ☐ Pigmented / Melanoma / Nevus
- ☐ Dystrophic / Dermatophyte / Psoriasis
- ☐ PAS (recommended for initial test)
- ☐ Other: _____

☐ **SOFT TISSUE**
- ☐ Neoplastic / Tumor
- ☐ Inflammatory / Infectious
- ☐ Other: _____

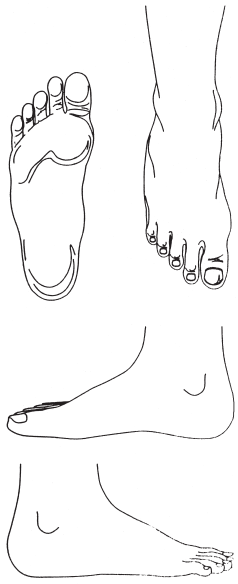
☐ **BONE**
- ☐ Neoplastic / Tumor
- ☐ Degenerative Joint Disease
- ☐ Osteomyelitis
- ☐ Other: _____

BIOPSY SITE	HISTORY / CLINICAL DIAGNOSIS
A	
B	
C	
D	
E	
F	

PROCEDURE

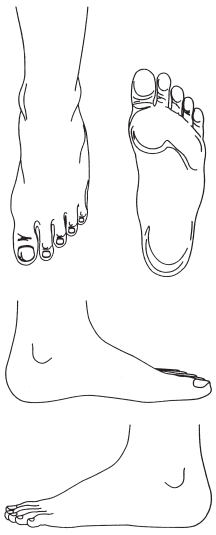
☐ PUNCH ☐ EXCISION ☐ INCISIONAL ☐ SAUCERIZATION ☐ LASER
☐ SNIP ☐ SHAVE ☐ CURRETTE

☐ **RIGHT**



☐ **MARGINS REQUESTED**

☐ **LEFT**



☐ **MARGINS REQUESTED**

Physician Signature _____ DATE___/ ____/ _____

006-11/14