



SMA Specialty Medical Lab
 Toll Free: (877) 697-6252 • Fax: (888) 322-9524
 940 Pennsylvania Blvd., Feasterville, PA 19053

DERMATOLOGY

4101 N Hospital Dr, Suite 102, Plantation, FL 33317
 Phone: (954) 306-3667 • Fax: (954) 337-2604

PATIENT INFORMATION

Last Name	First Name	M.I.		
Street Address	Apt#	City	State	ZIP
Phone	SSN	D.O.B.	M <input type="checkbox"/>	F <input type="checkbox"/>

INSURANCE INFORMATION

Insurance Name	I.D. #	Group#
<input type="checkbox"/> Bill Medicare <input type="checkbox"/> Bill Medicaid <input type="checkbox"/> Bill Patient <input type="checkbox"/> Bill Client		

SPECIMEN INFORMATION

Date Collected: ___/___/___ Time Collected: _____
 Fax results to: _____ STAT

ICD10 CODES

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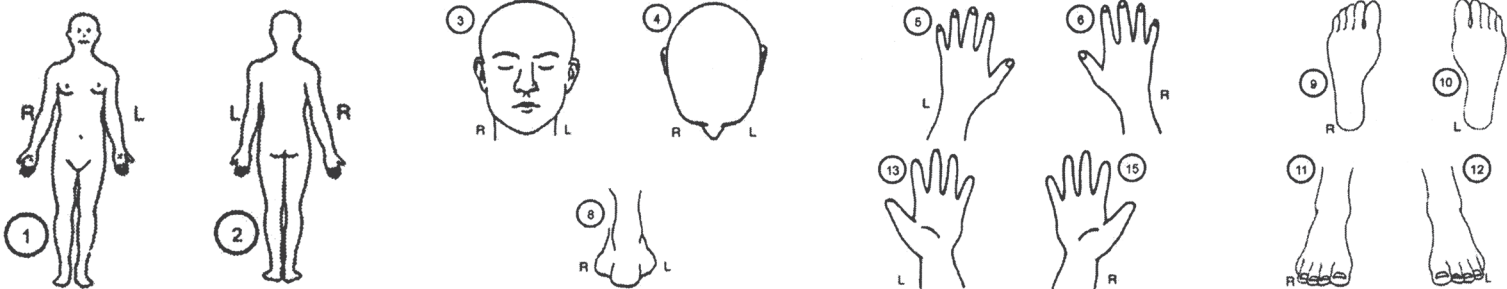
CLINICAL INFORMATION - Check all that apply

	Biopsy Site	Biopsy Method	Collected In	Clinical Description	Clinical Diagnosis
	Jar 1	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snap	<input type="checkbox"/> Curette <input type="checkbox"/> Excision <input type="checkbox"/> Margins	<input type="checkbox"/> Formalin <input type="checkbox"/> Other	
	Jar 2	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snap	<input type="checkbox"/> Curette <input type="checkbox"/> Excision <input type="checkbox"/> Margins	<input type="checkbox"/> Formalin <input type="checkbox"/> Other	
	Jar 3	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snap	<input type="checkbox"/> Curette <input type="checkbox"/> Excision <input type="checkbox"/> Margins	<input type="checkbox"/> Formalin <input type="checkbox"/> Other	
	Jar 4	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snap	<input type="checkbox"/> Curette <input type="checkbox"/> Excision <input type="checkbox"/> Margins	<input type="checkbox"/> Formalin <input type="checkbox"/> Other	
	Jar 5	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snap	<input type="checkbox"/> Curette <input type="checkbox"/> Excision <input type="checkbox"/> Margins	<input type="checkbox"/> Formalin <input type="checkbox"/> Other	
	Jar 6	<input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Snap	<input type="checkbox"/> Curette <input type="checkbox"/> Excision <input type="checkbox"/> Margins	<input type="checkbox"/> Formalin <input type="checkbox"/> Other	

NOTE: Please be sure to label each side collected with the Patient's first and last name. Please use a pencil on frosted end of slides.

ADDITIONAL TEST/COMMENTS

PHYSICIAN'S SIGNATURE (REQUIRED FOR MEDICAID)



PLEASE DO NOT WRITE BELOW THIS LINE. FOR LABORATORY USE ONLY.

GROSS	NOTES
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____