



SMA Specialty Medical Lab

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PODIATRIC PATHOLOGY

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: _____

Fasting: Yes No Fax results to: _____ STAT

ICD10 CODES					
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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: _____

SOFT TISSUE

- Neoplastic / Tumor
- Inflammatory / Infectious
- Other: _____

NAIL

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

BONE

- Neoplastic / Tumor
- Degenerative Joint Disease
- Osteomyelitis
- Other: _____

RIGHT



MARGINS REQUESTED

LEFT



MARGINS REQUESTED

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

PROCEDURE

- PUNCH
 EXCISION
 INCISIONAL
 SAUCERIZATION
 LASER
 SNIP
 SHAVE
 CURRETTE

Physician Signature _____ DATE ___/___/___