

Mihm Cutaneous Pathology Consultative Service

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 Medical Director

**CONSULTATION REQUEST FORM
 PATIENT INITIATED**

Results are released to the client (physician sending the case). By including this form with the slides, you acknowledge the patient is initiating the request for the consultation and results can also be released to the patient and designees, as listed below. Additionally, our office acknowledges that the patient is solely responsible for the consultation charges and should be billed accordingly. Patient will be responsible for any balances due.

This form must be accompanied with a billing guarantor form that has been completed by the patient.

Please send:

Slides/Blocks	Pathology Report
Completed Form	Patient Insurance/Demographic Information

Patient Information:

Patient Name:	
DOB:	Gender:
Site of Biopsy:	

Results should be sent to:

Name:
Address:
Phone:
Fax:
Email:
Additional Copies to:

Billing Information:

Insurance Company:	Ins. Phone:	
Insurance Address:		
Name of Subscriber:		
Date of Birth of Subscriber:	Relationship to Patient:	
Address of Insured:		
City:	State:	Zip:
Policy ID:		
Group #:	Effective Date:	