



**SCHOOL OF
MEDICINE**

Department of Pathology
1802 6th Avenue South - North Pavillion 3rd Floor
Birmingham, AL 35249
(205) 934-4977

Consult Request

Knowledge that will change the world

REFERRING INSTITUTION

Name	Consult Requested by:	Pathologist <input type="checkbox"/>	Clinician <input type="checkbox"/>	Patient <input type="checkbox"/>
Address:		CITY/ STATE/ZIP		
Phone:	Fax:	Email:		
Patient's Name		Date of Birth		

Reports will be faxed to the Fax number provided above

MATERIALS SUBMITTED

<input type="checkbox"/> Slides	<input type="checkbox"/> Blocks	<input type="checkbox"/> Recuts (May be Retained by UAB)
QTY:	QTY:	QTY:
Can UAB Retain Materials? <input type="checkbox"/> YES <input type="checkbox"/> NO	If No, Materials that needs to be returned	

Patient Clinical History:

Reason for Consult:

Specific Questions / Comments:

Working Diagnosis:



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Billing Information

Bill Institution

Referring physician's name:		NPI#
Address:		City:
State:	Country:	Zip Code:
Phone:	Fax:	E-Mail:
Patient's Name		Date of Birth

Bill Patient

Name:		Address:	
State:	Country:	Zip Code:	
Phone:	Fax:	E-Mail:	
SSN	Date of Birth: (MM/DD/YYYY)	Sex: (M / F)	

Bill Patient's primary insurance. Medicare patients, please list secondary insurance.

Company:		Phone:
Address:		Name of Insured:
Address of insured:		
Policy Number:	Group Number:	Effective Date:
Referring Physician NPI #	Fax:	E-Mail: