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For general Oral Pathology questions please call (205) 934-3380
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Constal Billing (Insurance Questions (205) 075 0045

General Billing/Insurance Questions (205) 975-0045

Lab Use Only Place Label Here

REQUEST FOR PATHOLOGIC EXAMINATION

Patient's Nam (Please print)	Last	First	Middle Initial	Telephone	
Address:	ot	Apt#	City	St	Zip
	DOB:	·	City		Ζιμ
Date of Biops	y:		Specimen Site: _		
CLINICAL HIS	TORY: Brief des	cription of lesion (ons	et, course, clinical app	pearance).	
	CNOCIC.				
CLINICAL DIA	<u>.GNOSIS</u> :				
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	nysician's Nan			NPI	
MPORTANT	: Please fill ou	it the information	in print in the bo	x below.	
For Imn		nce Medium (Miche	Specialty: Address: _		
		logical Exam Forn Information Forms			
Pre	-Addressed Ma	ailers/bags	Email.		