



Oral & Maxillofacial Pathology

1802 6th Ave South, NP 3518 Birmingham, AL 35249-4550

Lab Use Only
Place Label Here

Phone (205) 934-4977

FAX (205) 975-7834

Billing/Insurance Questions (205) 975-0045

REQUEST FOR PATHOLOGIC EXAMINATION

Patient's Name: _____
(Please print) Last First Middle Initial Telephone

Address: _____
 Street Apt # City St Zip

Sex: _____ **DOB:** _____ **SSN:** _____

Date of Biopsy: _____ **Specimen Site:** _____

CLINICAL HISTORY: Brief description of lesion (onset, course, clinical appearance).

Dentist or Physician's Name "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"
NPI

P@5 G9 : 5 L'GI DD@MF9EI 9GH'HC fB\$) L- +) !+, ' (.

- Do you need supplies? Check all that apply:
- Formalin Bottles
 - Immunofluorescence Medium (Michele's)
 - Pre-Addressed Mailers/bags

Dr. Name: _____
Specialty: _____
Address: _____

Phone: _____
Fax: _____
Email: _____