Podiatric Pathology Requisition

INFORM DIAGNOSTICS

All cases are assumed Global. If **NOT** Global, please indicate: ❍ Slide Process Only (TC)
❍ Interpretation Only (PC)

PATIENT INFORMATION Shaded fields are required

Last Name	First Name	MI
Street Address	Apt. #	
City	State	Zip
Patient Phone #	Patient Work Phone #	
Patient Social Security #	Patient Medical Record #	
Date of Birth	Age	Sex
Date of Collection: / /	Time of Collection: _____ AM _____ PM	

BILLING INFORMATION – PRIMARY INSURED

☐ **SECONDARY** We file all primary and secondary insurance plans if information is provided.

Secondary Insurance: Please check box and attach copy of front and back of patient's card.

Insurance Carrier	Prior Authorization Code	Policy Number / Insured ID Number	Group Number
Claims Address	City	State	ZIP
Claims Phone #	Policy Holder's Name		
Policy Holder's Relationship to Patient ❍ Self ❍ Spouse ❍ Dependent	Policy Holder's DOB / /	Policy Holder's Sex ❍ M ❍ F	If Uninsured Patient ❍ Self Pay ❍ Indigent
Policy Holder's Address	City	State	ZIP

ICD CODE(S)

PERTINENT MEDICAL HISTORY

Prior Pathology ❍ YES ❍ NO _____

Pertinent Medical History _____

CLINICAL IMPRESSION Check all that apply

	LEFT	RIGHT	LOCATION	SHAVE	PUNCH	CURET	BIOPSY	EXCISION	RE-EXCISON	BONE: Hammertoe	BONE: Neoplasm: Suspect Benign	BONE: Suspect Malignant	BONE: Degenerative Joint Disease	BONE: Infection	BONE: Other: ____	NAIL: H&E / PAS are routine tests. Pigmented: Suspect Nevus	NAIL: Suspect Melanoma	NAIL: Dystrophic	NAIL: Dermatophyte	NAIL: Psoriasis	NAIL: Neoplastic: Suspect Benign	NAIL: Suspect Malignant	NAIL: Other: ____	SOFT TISSUE: Neoplasm: Suspect Benign	SOFT TISSUE: Suspect Malignant	SOFT TISSUE: Inflammatory	SOFT TISSUE: Infectious	SOFT TISSUE: Other: ____	SKIN: Callus	SKIN: Pigmented Lesion: Suspect Nevus	SKIN: Suspect Melanoma	SKIN: Verruca	SKIN: Plantar	SKIN: Inflammatory: Dermatitis	SKIN: Psoriasis	SKIN: Infectious: Fungal	SKIN: Bacterial	SKIN: Other: ____
A	❑	❑		❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
B	❑	❑		❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
C	❑	❑		❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
D	❑	❑		❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍
E	❑	❑		❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍	❍

CASE NOTES

A	
B	
C	
D	
E	

In keeping with the requirements of Medicaid and Medicare, it is the policy of Inform Diagnostics only to perform testing that is medically necessary for the diagnosis and treatment of patient.

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Billing (White) Client (Yellow) Misc. (Pink)

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