Consult Request Form

5210 Webb Road
Tampa, FL 33615
Phone (813) 882-9986 ext 1116, 1137
Fax (813) 885-5015

Contributor Information:

Facility ______________________ Date of request ______________
Physician Name ______________________ Phone ______________
Address ______________________ Fax ______________
City ________ State ________ Zip ________ Contact Email ______________

Patient Information:

First Name ______________________ Last Name ______________
DOB ________ Age ____ Sex: ❑ M ❑ F SSN (if available) ______________
Address ______________________ Phone ______________
City ________ State ________ Zip ________

Materials Submitted (check all that apply):

- ❑ Clinical Information
- ❑ Surgical Path Report
- ❑ Slides (#) ________
- ❑ Blocks (#) ________
- ❑ Formalin Fixed (wet tissue) ________
- ❑ X-rays ________
- ❑ Photos ________
- ❑ Other ________

Fixative:

- ❑ Formalin
- ❑ Other ________

Case Identification:

Biopsy Site or Organ ______________________
Contributor's Accession #(s) ______________________

Patient Clinical History:

Contributors Working Diagnosis:

Reason for consultation/specific questions:

Billing Information (Please check the responsible party and provide the following information):

- ❑ Patient (or gaurdian)
- ❑ Physician's Office
- ❑ Pathology Group Practice
- ❑ Hospital
- ❑ Corporate Laboratory
- ❑ Other ________

Name ______________________
Address ______________________
City ________ State ________ Zip ________
Phone ________ Fax ________
Insurance Company ______________ Policy Name ______________
Policy # ______________ Group # ______________
Policy Holder ______________ Relationship to Patient ______________
Insurance Company Address ______________________
City ________ State ________ Zip ________
Insurance Company Phone ______________

Referring Physician's Office: Please send this request form and a signed/dated patient release authorization form to the pathology laboratory rendering the diagnosis.

Pathology Laboratory: Please submit slide(s) and report(s) to AAD Pathology (mailing address at top of form).