


Client Information	CUTANEOUS PATHOLOGY WCP Laboratories, Inc. 2326 Millpark Drive, Maryland Heights, MO 63043 P(314) 991-4470 • F(314) 991-4309 • Toll Free(800) 336-2281	Specimen Accession#
	 Daniel J. Santa Cruz, MD, FASD Mark A. Hurt, MD, FASD Sarah N. Walsh, MD, FASD	Results: <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> mail
	Submitting Physician	Date of Biopsy

PATIENT INFORMATION

Last Name	First Name	MI
Street Address	City, State	Zip Code
Patient Telephone #	Date of Birth (MM/DD/YYYY)	Patient Signature
SSN	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other
BILL TO: <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Medicare <input type="checkbox"/> Client <input type="checkbox"/> Medicaid <input type="checkbox"/> Other	Insurance Company & Address	Group # Patient Ins. ID #
		Medicare # Medicaid #
PLEASE ATTACH INSURANCE CARD COPY		
Last Name of Guarantor		First Name
Patient Initials _____		DOB
I have read and understand the ABN on reverse side. Patient Initials _____		SSN

BIOPSY A	Biopsy Site:	Prior Biopsy #
Clinical History:		
Clinical Diagnosis:		
Type of Biopsy (√ applicable): <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Scissor <input type="checkbox"/> Excision without margin exam <input type="checkbox"/> Direct IF <input type="checkbox"/> Curettage <input type="checkbox"/> Incision <input type="checkbox"/> Excision with margin exam <input type="checkbox"/> Scalp Biopsy (horizontal) <input type="checkbox"/> Excision with margin exam (if malignant)		

BIOPSY B	Biopsy Site:	Prior Biopsy #
Clinical History:		
Clinical Diagnosis:		
Type of Biopsy (√ applicable): <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Scissor <input type="checkbox"/> Excision without margin exam <input type="checkbox"/> Direct IF <input type="checkbox"/> Curettage <input type="checkbox"/> Incision <input type="checkbox"/> Excision with margin exam <input type="checkbox"/> Scalp Biopsy (horizontal) <input type="checkbox"/> Excision with margin exam (if malignant)		

BIOPSY C	Biopsy Site:	Prior Biopsy #
Clinical History:		
Clinical Diagnosis:		
Type of Biopsy (√ applicable): <input type="checkbox"/> Punch <input type="checkbox"/> Shave <input type="checkbox"/> Scissor <input type="checkbox"/> Excision without margin exam <input type="checkbox"/> Direct IF <input type="checkbox"/> Curettage <input type="checkbox"/> Incision <input type="checkbox"/> Excision with margin exam <input type="checkbox"/> Scalp Biopsy (horizontal) <input type="checkbox"/> Excision with margin exam (if malignant)		

MICROBIOLOGY	COMMENTS:							
<table border="1"> <tr> <td>Culture, Aerobic/Routine</td> <td>MRSA Screen</td> </tr> <tr> <td>Culture, Anaerobic</td> <td>Culture, AFB</td> </tr> <tr> <td>Culture, Fungus</td> <td rowspan="2">Other:</td> </tr> <tr> <td>Smear Only, Fungus/KOH</td> </tr> </table>	Culture, Aerobic/Routine	MRSA Screen	Culture, Anaerobic	Culture, AFB	Culture, Fungus	Other:	Smear Only, Fungus/KOH	
Culture, Aerobic/Routine	MRSA Screen							
Culture, Anaerobic	Culture, AFB							
Culture, Fungus	Other:							
Smear Only, Fungus/KOH								