NEW ENGLAND TISSUE ISSUE
A Sonic Healthcare Dermatopathology Practice

1822 NORTH MAIN ST
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FALL RIVER, MA 02720
P 508.235.1118
www.netissueissue.com

REFERRED BY

Complete Shaded Box For Patient And Third Party Billing

Referring Physician: ____________________ NPI: ______________

DATE COLLECTED

Send Duplicate Report to: ____________________
Name: ____________________
Address: ____________________
City/State/Zip: ____________________

PATIENT INFORMATION - PLEASE PRINT: PATIENT NAME (LAST) (FIRST) (M.I.)

ADDRESS | APT#

CITY | STATE | ZIP

(AREA CODE) PHONE | BIRTH DATE | SEX

PATIENT S.S. # | PATIENT I.D.#

BILL TO: ☐ **Account** ☐ **Patient (Self Pay)** ☐ **Medicare** ☐ **Medicaid** ☐ **Insurance** ***Please submit a copy of ID card (front and back)**

INSURANCE COMPANY NAME (attach card) | EMPLOYER NAME

NAME OF INSURED | POLICY / MEMBER ID # | GROUP #

RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ DEPENDENT

MAIL CLAIM TO

ADDRESS

CITY/STATE/ZIP

PHYSICIAN ACKNOWLEDGEMENT (Required)

Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. ***Medicare Patients: The Advance Beneficiary Notice, if required, must be completed, signed by the patient and attached.***

Physician's Signature: ____________________ **Date Ordered** ______________

DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

DIAGNOSIS CODE	DIAGNOSIS CODE	DIAGNOSIS CODE

DERMATOLOGY REQUISITION

Specimen Data	Clinical Findings
A Site	☐ Nevus (Atypical) ☐ Melanoma ☐ BCC ☐ SCC ☐ AK ☐ SK ☐ FEP
☐ Punch Biopsy ☐ Curretage ☐ Punch Excision (Ink) ☐ Alopecia Sections ☐ Shave Biopsy ☐ PAS Fungal (Nail) ☐ Shave Removal (Ink) ☐ DIF ☐ Excision (Ink)	

Specimen Data	Clinical Findings
B Site	☐ Nevus (Atypical) ☐ Melanoma ☐ BCC ☐ SCC ☐ AK ☐ SK ☐ FEP
☐ Punch Biopsy ☐ Curretage ☐ Punch Excision (Ink) ☐ Alopecia Sections ☐ Shave Biopsy ☐ PAS Fungal (Nail) ☐ Shave Removal (Ink) ☐ DIF ☐ Excision (Ink)	

Specimen Data	Clinical Findings
C Site	☐ Nevus (Atypical) ☐ Melanoma ☐ BCC ☐ SCC ☐ AK ☐ SK ☐ FEP
☐ Punch Biopsy ☐ Curretage ☐ Punch Excision (Ink) ☐ Alopecia Sections ☐ Shave Biopsy ☐ PAS Fungal (Nail) ☐ Shave Removal (Ink) ☐ DIF ☐ Excision (Ink)	

Specimen Data	Clinical Findings
D Site	☐ Nevus (Atypical) ☐ Melanoma ☐ BCC ☐ SCC ☐ AK ☐ SK ☐ FEP
☐ Punch Biopsy ☐ Curretage ☐ Punch Excision (Ink) ☐ Alopecia Sections ☐ Shave Biopsy ☐ PAS Fungal (Nail) ☐ Shave Removal (Ink) ☐ DIF ☐ Excision (Ink)	

Specimen requirements: all specimens are to be submitted with this requisition, in fixative containers labeled with patient name, DOB, and biopsy site.

Physician offices will be contacted when specimens do not meet these requirements prior to processing.

Please include the diagnosis code(s) at the highest level of specificity as documented in the patient medical record for this requisition date of service.