



NEW ENGLAND TISSUE ISSUE

A Tissue Issue Dermatology Practice

1822 NORTH MAIN ST
SUITE 302
FALL RIVER, MA 02720
P 508.235.1118
www.netissueissue.com

R
E
F
E
R
R
E
D

**Complete Shaded Box
For Patient And Third
Party Billing**

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 _____

Referring Physician: _____ NPI: _____

DATE COLLECTED

Send Duplicate Report to: _____

--	--	--

Name: _____

Address: _____

City/State/Zip: _____

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

DIAGNOSIS CODE	DIAGNOSIS CODE	DIAGNOSIS CODE
----------------	----------------	----------------

PODIATRY REQUISITION

Specimen Data

1 Site R L

- Clipping
- Shave
- Punch
- Excision

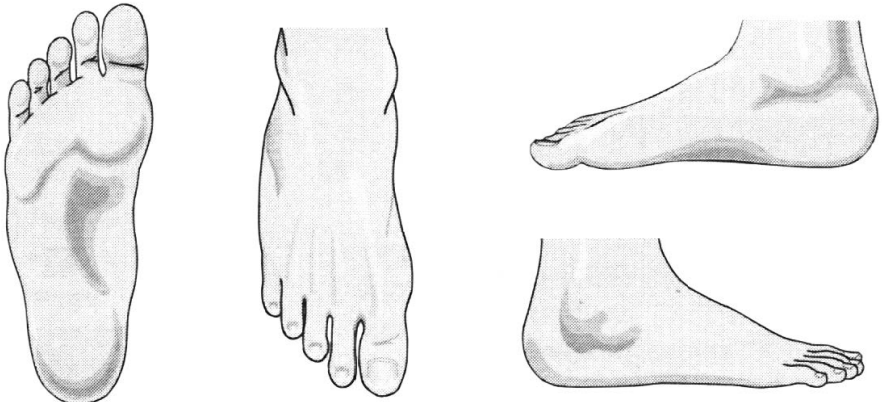
Clinical History

Clinical Findings

Nail
 Fungus
 Hemorrhage

Tumor / Lesion
 Wart
 SCC
 Melanoma
 Nevus

Soft Tissue
 Neuroma
 Fibroma



Specimen Data

2 Site R L

- Clipping
- Shave
- Punch
- Excision

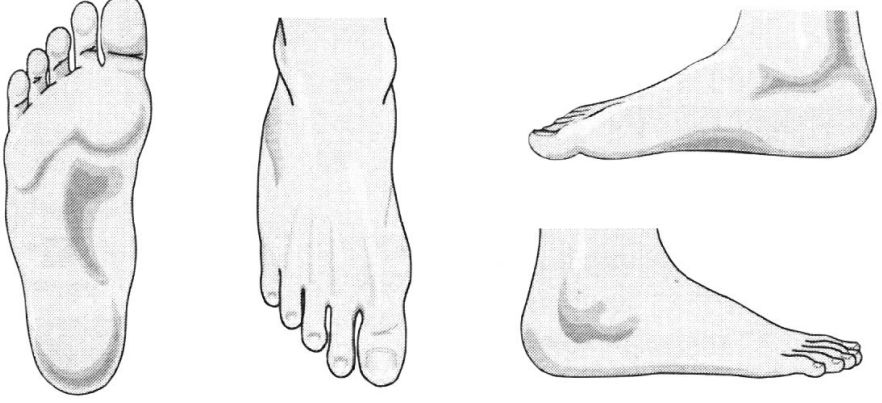
Clinical History

Clinical Findings

Nail
 Fungus
 Hemorrhage

Tumor / Lesion
 Wart
 SCC
 Melanoma
 Nevus

Soft Tissue
 Neuroma
 Fibroma



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.