HRPLABS
HATO REY PATHOLOGY ASSOCIATES, INC

Client No.

Laboratory use only

Specimen No. _____

PODIATRIC PATHOLOGY SERVICE REQUEST

Date of Procedure: _____ **Time:** _____ am / pm **Containers Qty:** _____ **Slides Qty:** _____

Patients

Patient's Name: _____ **Record No.** _____

Gender: _____ **DOB:** Month / Day / Year **Age:** _____ **Phone:** _____

Mobile: _____ **Postal Address:** _____

e-mail: _____

Medical Insurance: _____ ☐ Check if patient wants to receive bill for any deductibles by email.

Contract # _____ **Group #** _____ ***Pathologists may order additional testing based on medical necessity.**

2nd Insurance: _____ **Contract:** _____ **Group:** _____

Notification to the Patient: All samples sent to HRP LABS will be processed and diagnosed, and its outcome will be sent directly to the physician. If any deductible or copay applies or if you don't have medical insurance, you will receive an invoice for the payment. Toda muestra enviada a HRP LABS será procesada y diagnosticada y el resultado será enviado a su médico. En caso de que haya algún deducible o copago, o de usted no estar cubierto por un seguro médico, recibirá factura y será responsable del pago de la misma.

Patient's Signature: _____

Physicians

ICD-10	ICD-10	ICD-10	ICD-10	ICD-10

Section for Margins: Specimen (circle appropriate letters): A B

Patient History/ Special Request: _____

Left

Right

Specimen A: ◯ Right ◯ Left

Specimen:

◯ Shave Biopsy ◯ Punch Biopsy ◯ Nail Clipping ◯ Excision

◯ Aspiration ◯ Other: _____

Skin/Soft Tissue:

◯ Dermatitis ◯ Ulcer ◯ Tumor ◯ Pigmented Lession

◯ Other: _____

Nail:

◯ Pigmented Lession ◯ Tumor ◯ PAS

◯ Nail dystrophy - hystology with PAS ◯ GMS

◯ Nail dystrophy - fungal culture

Bone:

◯ Osteomyelitis (infectious) ◯ Tumor

◯ Degenerative disease (hallux abducto-valgus/ hammer toe)

◯ Other: _____

Microbiology:

◯ Bacterial Culture, anaerobic (swab)

◯ Bacterial Culture, aerobic ◯ Fungal Culture

◯ Antimicrobial susceptibility ◯ **Immuno:** _____

◯ Other: _____

Specimen B: ◯ Right ◯ Left

Specimen:

◯ Shave Biopsy ◯ Punch Biopsy ◯ Nail Clipping ◯ Excision

◯ Aspiration ◯ Other: _____

Skin/Soft Tissue:

◯ Dermatitis ◯ Ulcer ◯ Tumor ◯ Pigmented Lession

◯ Other: _____

Nail:

◯ Pigmented Lession ◯ Tumor ◯ PAS

◯ Nail dystrophy - hystology with PAS ◯ GMS

◯ Nail dystrophy - fungal culture

Bone:

◯ Osteomyelitis (infectious) ◯ Tumor

◯ Degenerative disease (hallux abducto-valgus/ hammer toe)

◯ Other: _____

Microbiology:

◯ Bacterial Culture, anaerobic (swab)

◯ Bacterial Culture, aerobic ◯ Fungal Culture

◯ Antimicrobial susceptibility ◯ **Immuno:** _____

◯ Other: _____

Physician's name: _____ **Lic.** _____

NPI # _____ **Physician's Signature:** _____

Red fields and patient information must be completed to avoid delay in processing or sample rejection.

When ordering tests, providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, generally not for screening. Only a few screening tests are covered by most government and third party payors for certain conditions at specific intervals. When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), or CMS. If testing does not come under Medicare guidelines for payment a signed beneficiary notice must be included in advance.