



P: 541-382-7696
 F: 541-389-5723
 1348 NE CUSHING DR.
 BEND, OR 97701

OFFICE - PLEASE COMPLETE ALL SHADED AREAS

PATIENT NAME - LAST FIRST M.I.

PATIENT'S DATE OF BIRTH GENDER SOCIAL SECURITY NO.

ADDRESS

CITY STATE ZIP CODE TELEPHONE

INSURANCE COMPANY

GROUP NO. IDENTIFICATION NUMBER

FACILITY / CLINIC

DATE RECEIVED IN LABORATORY / ACCESSION NUMBER

SOP

SURGICAL DATE:

PHYSICIAN:

ICD-10:

COPIES TO:

TISSUES

A E

B F

C G

D H

CLINICAL INFORMATION

CPT	DESCRIPTION	QTY.
88300	LEVEL I (GROSS ONLY)	
88302	LEVEL II	
88304	LEVEL III	
88305	LEVEL IV	
88307	LEVEL VI	
88331	FROZEN SECTION	
88332	ADDITIONAL FROZEN SECTION	
88329	OPERATIVE CONSULT	
88311	DECALCIFICATION	
88312	SPECIAL STAIN I (MICRO)	
88313	SPECIAL STAIN II (OTHER)	
88342	IHC QUALITATIVE	
88360	IHC QUANTITATIVE	
G 0461	IHC (CMS)	
G 0462	ADDITIONAL IHC (CMS)	
3260 F	CMS CODE - BREAST	
3125 F	CMS CODE - BARRETT'S ESOPHAGUS	
3394 F	CMS CODE - H E R 2	

PATHOLOGIST	BBB	JLJ	BKS	IAC	LBY	CLY
PATHOLOGY ICD-10 CODE						