



CONSULTATION REQUEST FORM

SHIP TO:	Beverly Pathology, Cedars-Sinai Medical Center 8700 Beverly Blvd., SPT RM 8612, Los Angeles, CA 90048 PHONE: (310) 423-6623 FAX: (310) 423-0122	
	INSTRUCTIONS: SHIP SLIDES IN PADDED ENVELOPE OR SHIP BLOCKS (IF OTHER THAN PARAFFIN BLOCK CALL FOR INSTRUCTIONS)	
SUBSPECIALTY:	CSMC PATHOLOGIST:	

ACCT CODE:	DATE:		
REFERRING FACILITY:	PHONE:		
REFERRING MD NAME:	FAX:		
ADDRESS:	STATE, ZIP CODE:		
THE INFORMATION IN THIS SECTION IS MANDATORY FOR PATIENT TRACKING. MISSING INFORMATION COULD DELAY REVIEW OF THE CASE. PATIENT			
FIRST NAME:		LAST NAME:	
AGE:	DOB:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> ADD CASE FOR ONLINE VIEWING <input type="checkbox"/> NURSING UNIT: _____
MATERIALS SUBMITTED:	SLIDES: PATH#: _____ NO.: _____	BLOCKS PATH#: _____ NO.: _____	
	SLIDES: PATH#: _____ NO.: _____	BLOCKS PATH#: _____ NO.: _____	
SITE OF LESION:			COLLECTION DATE:
QUESTION TO BE ANSWERED:			

CONSULT BILLING: (please check payment option and provide all the information requested).

Cases submitted without patient insurance information will be billed to the referring physician/pathologist or alternatively can be charged against a credit card account. We regret we cannot bill Medicaid outside of CA.

PAYMENT OPTION	<input type="checkbox"/> REFERRING PATHOLOGIST			
	NAME:	PHONE:	ADDRESS:	
	<input type="checkbox"/> CLINICIAN			
	NAME:	PHONE:	ADDRESS:	
	<input type="checkbox"/> CREDIT CARD:			
	<input type="radio"/> VISA	<input type="radio"/> MASTERCARD	<input type="radio"/> AMERICAN EXPRESS	<input type="radio"/> DISCOVER
	CREDIT CARD NUMBER:		EXPIRATION DATE:	
	CARD HOLDER NAME:		SIGNATURE:	
	<input type="checkbox"/> PATIENT INSURANCE:			
	PATIENT (OR PATIENT'S GUARDIAN) NAME:		ADDRESS:	
	PHONE:		<input type="radio"/> SEE ATTACHED INSURANCE INFO	
	INSURANCE: (PLEASE PROVIDE COPY OF FRONT/BACK OF INSURANCE CARD.)			
	POLICY #:		GROUP #:	
	INSURANCE COMPANY ADDRESS:			
	INSURANCE COMPANY PHONE #:		REFERRING PATHOLOGIST UPIN #:	

Use one form per case. Enclose a cover letter outlining the clinical history and a copy of the surgical pathology report, even if incomplete (gross description of specimen), to document patient identity as well as slide labeling.