

## Consultation Request Form

**Sharon W. Weiss, M.D.**

Emory Healthcare, Emory University School of Medicine, Department of Pathology  
1364 Clifton Road, NE., Suite H180, Atlanta, GA 30322 Phone: (404) 712-5947, Fax: (404)712-5960

Facility: \_\_\_\_\_ Date: \_\_\_\_\_  
Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**The information in this section is mandatory for patient tracking. Missing information could delay review of the case.**

Pt. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F S.S. #: \_\_\_\_\_

Materials Submitted:

Slides: Path #: \_\_\_\_\_ No.: \_\_\_\_\_ Blocks: Path #: \_\_\_\_\_ No.: \_\_\_\_\_

Slides: Path #: \_\_\_\_\_ No.: \_\_\_\_\_ Blocks: Path #: \_\_\_\_\_ No.: \_\_\_\_\_

Site of Lesion: \_\_\_\_\_ Collection Date: \_\_\_\_\_

**Send bill for this consult to: (Please check one 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 GA.**

Referring pathologist: \_\_\_\_\_

Clinician (Name, address, phone number): \_\_\_\_\_

**Credit Card:**                      VISA                      MASTERCARD                      AMERICAN EXPRESS                      DISCOVER

(Circle One)

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Patient Insurance - Patient (or patient's guardian) Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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 identify as well as slide labeling.