

Consultation Request Form

Preferred Pathologist: _____

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

Type of Consult -

- Breast Pathology
- GI-Hepatic Pathology
- GYN Pathology
- Head/Neck Pathology
- Immunocytochemistry
- Pulmonary Pathology
- Other _____

Facility: _____ **Date:** _____

Dr. Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

_____ **NPI:** _____

_____ **UPIN:** _____

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 #: _____

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.