



Written By	ANATOMIC PATHOLOGY REFERRAL	Accession Number (Lab Use Only)
	T3	

PATIENT NAME:		
PT Soc Sec:	PT DOB:	PT Gender:
Resp Party:		
PT Phone:	Employer:	
PT Address:		
City:	State:	Zip:
Primary Insurance:	Policy #	
Insurance Address:	Group #	
Name of Insured:	Insured DOB:	Employer:
Secondary Insurance:	Policy #	
Insurance Address:	Group #	
Name of Insured:	Insured DOB:	Employer:
DATE SPECIMEN OBTAINED	SURGEON	HOSPITAL/CLINIC:
PRE-OP DIAGNOSIS:	POST-OP DIAGNOSIS:	
LABEL ALL CONTAINERS WITH PT NAME AND SPECIMEN SITE		
A.	B.	C.
D.	E.	F.
G.	H.	I.
HISTORY/REMARKS		

GENERAL SURGICAL PATH

- ___ 88300 Surg path I
- ___ 88302 Surg path II
- ___ 88304 Surg path III
- ___ 88305 Surg path IV
- ___ 88307 Surg path V
- ___ 88309 Surg path VI

- ___ 88304 Derm path III
- ___ 88305 Derm path IV

- ___ 88311 Decalcification
- ___ 88312 Spec stain microorg
- ___ 88313 Special stain II
- ___ 88329 ORC w/o micro
- ___ 88331 ORC micro diag
- ___ 88332 Addl block FS
- ___ 88342 Impox stain
- ___ 88360 Impox quant

- ___ 88161 Touch smear eval
- ___ 88333 Touch, Imm, study
- ___ 88334 Touch, Imm, study, addl site
- ___ 76098 Tissue x-ray review

BONE MARROW CASE

- ___ 38220 Extract aspirate
- ___ 38221 Extract core bx
- ___ 85097 Aspirate smear eval
- ___ 88161 Touch smear eval
- ___ 88311 Decalcification
- ___ 88305 Core bx eval
- ___ 88305 Particle clot eval
- ___ 85060 Periph smear eval
- ___ 88313 Iron stain each
- ___ 88313 Other stain each
- ___ 88319 Histochem stain enzyme
- ___ 88342 Impox stain

NON-GYN CYTOLOGY

- ___ 88104 Direct smear eval
- ___ 88108 Cytospin eval
- ___ 88305 Cell block eval
- ___ 88162 Extended study
- ___ 88312 Special stain microorg

FINE NEEDLE CASE

- ___ 88172 Immediate study
- ___ 88173 Specimen eval
- ___ 88108 Addl specimen eval
- ___ 88305 Cell block eval
- ___ 88342 Impox stain each
- ___ 88313 Special stain each
- ___ 88312 Spec stain microorg

CLINICAL PATHOLOGY

- ___ 89060 Crystal ID
- ___ 88321 Consult ref slides <7
- ___ 88325 Consult ref slides >7
- ___ 88365 FISH

PLEASE ATTACH A COPY OF THE PATIENT'S BILLING INFORMATION FACE SHEET

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