



Oral Pathology Request

PATIENT INFORMATION

Last First M

SSN

Date of birth Sex (circle one)
M F

Address

City, State, Zip

Phone

PHYSICIAN INFORMATION

Date

Office site

Ordering Physician

Primary care

Referring

Additional Reports to

PLEASE ATTACH A PHOTOCOPY OF THE PATIENT'S INSURANCE CARD

LABEL SPECIMENS WITH PATIENT INFO AND TISSUE TYPE SUBMITTED AND PLACE IN A BIO BAG

CLINICAL HISTORY / MEDICATIONS / ICD-9 or DIAGNOSIS

- Oral Rinse (for HPV)* Oral Cytology (Brush)** Biopsy***
- HPV testing if status is unknown

PLEASE INDICATE THE BIOPSY SITE(S) ON THE DIAGRAM

* \$65.00 Self Pay Price
** \$95.00 Self Pay Price
*** \$110.00 Self Pay Price

Cash
 Check
 Credit card

CLINICAL DATA

Clinical Impression:

Benign Other: _____
 Malignant

Duration of the lesion: _____

Color:

White
 Red
 Pigmented (melanocytic)

Appearance:

Raised Plaque-like
 Ulcerated Verrucous

Alcohol Use: **Other Risk Factors:**

Less than 8 drinks/week History of HPV
 8 to 21 drinks/week UV/Sun Exposure
 More than 21 drinks/week Oral Prosthetics

Tobacco Use:

Cigarettes: _____ Pack/day _____ Years
 Cigars: _____ Times/day _____ Years
 Pipes: _____ Times/day _____ Years
 Chewing: _____ Times/day _____ Years
 No Use