



PATIENT

Last First M

SSN DOB

DPS

Date

Accession Number

**Gross Description:** Part \_\_\_\_\_

Size:

Sections:

Slides: Blocks:

**Intraoperative Diagnosis:**

**Gross Description:** Part \_\_\_\_\_

Size:

Sections:

Slides: Blocks:

**Intraoperative Diagnosis:**

**Gross Description:** Part \_\_\_\_\_

Size:

Sections:

Slides: Blocks:

**Intraoperative Diagnosis:**

**Gross Description:** Part \_\_\_\_\_

Size:

Sections:

Slides: Blocks:

**Intraoperative Diagnosis:**

**DPS MICS Form**

882 Walker Road • Dover, DE 19904

(877) DPS-MICS • (302) 677-0000 • fax (302) 677-0010 • www.dpspa.com

Created 7/1/04