PhenoPath
A Quest Diagnostics Company

ORAL PATHOLOGY REQUISITION

Patient Information

Last Name	First Name	M.I.
Street Address		Apt. #
City	State	Zip
Phone Number	Date of Birth / /	
Age	Sex	Patient ID

Client Information

Name:

Address:

Phone:

FAX:

Treating Physician	**NPI # (required)**	UPIN #

Ordering provider signature, credentials & date requested (Required by certain payers)

Send Duplicate of Report to:

Name ______________________

Address/Fax ______________________

Billing / Insurance (Attach Copy of Insurance Card - Both Sides)

Bill:
- ☐ Insurance
- ☐ Medicare
- ☐ Medicaid
- ☐ Workers' Comp
- ☐ Patient
- ☐ Physician
- ☐ Hospital
- ☐ Other

- ☐ Outpatient/ Nonhospital
- ☐ Hospital (IP/OP/ER)

Subscriber Insurance ☐ Secondary insurance information attached

Subscriber Name / Relationship to Subscriber ☐ Self ☐ Spouse ☐ Dependent

Insurance Company Name

Address

City	State	Zip

Employer Name

Subscriber DOB: / /	Group/Contract #	Member ID #
Subscriber Sex: ☐ Male ☐ Female	Medicare #	Medicaid ID #

ICD CODE(S) (Required) ______________________

☐ **Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.**

History and Clinical Diagnosis

Date and Time Specimen Collected:

Collected By:

Smoking and Alcohol Use (optional)

Has the patient ever used tobacco products? ☐ Yes ☐ No

Number of years

Current use? ☐ Yes ☐ No

If quit, how long ago? ______

What type? ☐ Cigarette ☐ Pipe/Cigar ☐ Smokeless

☐ Beer ☐ Wine ☐ Other ______

Mouthwash (brand) ______

Toothpaste (brand) ______

Radiographic Findings

Images (photographs/radiographs)
☐ Find Enclosed
☐ Images emailed to oralpath@phenopath.com
(JPEGs are preferred)

Specimens

A

Location	Size	Color

Biopsy Type
☐ Incisional ☐ Excisional ☐ Other (specify) ______

B

Location	Size	Color

Biopsy Type
☐ Incisional ☐ Excisional ☐ Other (specify) ______

These offerings may require special studies, markers, or stains as deemed appropriate for proper evaluation by PhenoPath pathologist. These additional tests may result in additional charges.

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