



REQUEST FOR OUTSIDE CONSULTATION OR SECOND OPINION

PLEASE SEND THE FOLLOWING FOR IN-HOUSE/OUTSIDE CONSULTATION:

PT. NAME: _____

MR #: _____ PT DOB: _____ DATE: _____

TYPE OF SPECIMEN: _____

PATHOLOGY CASE
#: _____

DATE(S) OF SURGERY: _____

SEND TO:

PHYSICIAN: _____

ADDRESS LINE 1:

LINE 2: _____

LINE 3: _____

PHONE: _____ EXT
#: _____

TEST(S) REQUESTED:

REQUESTING DEPARTMENT: _____ FAX: _____

REQUESTING PHYSICIAN: _____ PHONE: _____

REQUESTING PHYSICIANS SIGNATURE AND DATE:

FAX TO: PATHOLOGY - 641-5482

Any questions, please call 641-3358.

Thank you