CLINICAL PATHOLOGY ASSOCIATES

1150 N. 18TH • #102 • ABILENE, TX 79601 • 325-670-6500 • 1-800-478-9341

PATIENT'S SS# REQUIRED

PATIENT'S NAME - LAST FIRST MI

DATE OF BIRTH SEX DATE COLLECTED

CHART#_____

PATIENT'S ADDRESS REQUIRED PATIENT'S PHONE#

PHYSICIAN REQUIRED HOSPITAL/CLINIC REQUIRED PHYSICIAN'S PHONE#

SPECIMEN REQUIRED

CLINICAL HISTORY REQUIRED

BILL TO ❑ FIRST CARE ❑ BC/BS ❑ HEALTHSMART ❑ MEDICARE ❑ MEDICAID ❑ OTHER INS. ❑ PHYSICIAN/CLINIC ❑ PATIENT

MEDICARE/MEDICAID/INSURANCE POLICY #_____

GROUP #_____ RELATION: ❑ SELF ❑ SPOUSE ❑ DEPENDENT

INSURANCE CO NAME & ADDRESS_____

INSURED'S NAME (ATTACH CARD)_____

INSURED'S EMPLOYER_____

TISSUE REQUEST

DEPT. HEW LAB IDENT NO. CL8067

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