

### Consultation Request Form

Consultants for Pathology & Laboratory Medicine, Cedars-Sinai Medical Center  
8700 Beverly Blvd., Suite 8725, Los Angeles, CA 90048 Phone: (310) 423-6623; Fax: (310) 423-0122

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-mail address: \_\_\_\_\_

**The information in this section is mandatory for patient tracking. Missing information could delay review of the case.**

Pt. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M / F S.S. #: \_\_\_\_\_

**Materials Submitted:**

Slides: Path #: \_\_\_\_\_ No.: \_\_\_\_\_ Blocks: Path #: \_\_\_\_\_ No.: \_\_\_\_\_

Slides: Path #: \_\_\_\_\_ No.: \_\_\_\_\_ Blocks: Path #: \_\_\_\_\_ No.: \_\_\_\_\_

Fluid:  Blood  Urine  Other: \_\_\_\_\_ Specimen # \_\_\_\_\_

Site of Lesion: \_\_\_\_\_ Collection Date: \_\_\_\_\_

**Send bill for this consult to: (Please check one and provide all the information requested.) Cases submitted without patient insurance information will be billed to the referring physician/pathologist or alternatively can be charged against a credit card account. We regret we cannot bill Medicaid outside of CA.**

**Referring pathologist:** \_\_\_\_\_

**Clinician (Name, address, phone number):** \_\_\_\_\_

**Bill referring pathologist**

**Credit Card:** (Circle One) VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name (Please Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Patient Insurance - Patient (or patient's guardian) Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Insurance: \_\_\_\_\_ **(Please provide copy of front/back of insurance card.)**

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone #: \_\_\_\_\_ Referring Pathologist UPIN #: \_\_\_\_\_

Use one form per case. Enclose a cover letter outlining the clinical history and a copy of the surgical pathology report, even if incomplete (gross description of specimen), to document patient identity as well as slide labeling.