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PSP USE ONLY:

# PODIATRY REQUEST FORM

**PATIENT INFORMATION**

Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex (circle one)  
M F

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**PHYSICIAN INFORMATION**

Date \_\_\_\_\_

Office site \_\_\_\_\_

Ordering physician \_\_\_\_\_

Copies to \_\_\_\_\_

Physician Signature \_\_\_\_\_

Label specimens with patient info and tissue type submitted and place in bio-bag

Bill Insurance Please attach photocopy of patient's Insurance card
  Self pay
  Client bill

**PATHOLOGY SPECIMEN**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**CLINICAL HX/ICD-10**

1. \_\_\_\_\_

2. \_\_\_\_\_

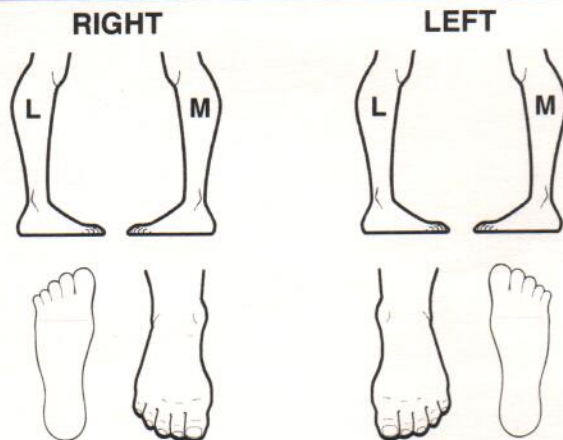
3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Please Indicate Site of Origin Per Specimen



**Additional Tests (Specify Specimen)**

Fungal Culture and Sensitivity  
 Aerobic Culture and Sensitivity  
 Anaerobic Culture and Sensitivity  
 Immunofluorescence (Michel's Medium)  
 Gout (Fresh Specimen NOT in formalin)