Fabien Baksh, MD, FCAP
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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

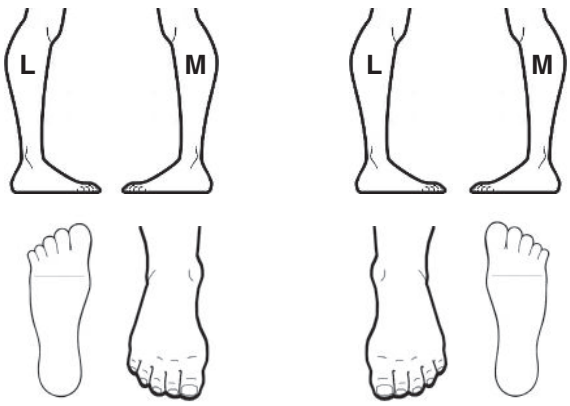
☐ **Bill Insurance** Please attach photocopy of patient's Insurance card ☐ **Self pay** ☐ **Client bill**

PATHOLOGY SPECIMEN

1.
2.
3.
4.
5.
6.

Please Indicate Site of Origin Per Specimen

RIGHT LEFT



CLINICAL HX/ICD-10

1.
2.
3.
4.
5.
6.

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)**

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