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PSP USE ONLY:

Surgical Pathology/Non-Gyn-Cytology Request

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

<input type="checkbox"/> Bill Insurance Please attach photocopy of patient's Insurance card	<input type="checkbox"/> Self pay	<input type="checkbox"/> Client bill
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SURGICAL PATHOLOGY SPECIMEN	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
	11.
	12.

CLINICAL HISTORY/ICD-10/DIAGNOSIS	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
	11.
	12.