

Tucson Pathology Associates



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Dermatopathology Requisition

Please Print Clearly

Date

DOB

Please provide all patient information including insurance or a copy of the card.

Sex

Patient's Name

Or Label

Phone #

Zip

City

State

Patient's Address

Patient's Insurance Info

Copy of Card:

 Y

 N

Specimen Description

For TPA
use only

| Location | Punch | Shave | Excision | Incision | Clinical Information | Check Margin | Accession# |
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Physician

Copy to

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Comments

For TPA use only

Specimen Receiver

Accessioner

Date and Time Received