



Pathology Consultants, Inc

Dermatopathology Consultation Request Form

2434 Interstate Plaza Drive, Hammond, IN 46324

Tel: 219-989-3819 Fax: 219-845-4088

***Please complete all fields and attach patient insurance/demographic information.**

Referring Physician Name _____ NPI# _____

Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Email _____

Patient Name _____ Sex _____ DOB _____

Clinical History (A detailed clinical history, including sites, duration and description of lesions):

Anatomic Site _____ Date of Surgery _____

Working Diagnosis (please attach report) _____

* If you would like the consultant pathologist to contact the clinician directly for additional questions,

please provide the clinician's name and phone number _____

Referring Physician Signature _____ Date _____

Materials Submitted:

Case Number _____ Total Slides _____ Total Blocks _____

***Send this form and all materials to Alverno Labs, ATTN: Dr. Song**

Jie Song, MD PH: 219 • 845 • 4043