

4980 Carroll Canyon Road
San Diego, California 92121
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Fax 858-638-8298

LABEL SPECIMENS WITH NUMBERS

XXXXX	XXXXX
XXXXX	XXXXX
XXXXX	XXXXX

PATIENT LAST NAME										FIRST										MI										BIRTHDATE					SEX																								
STREET ADDRESS															PLEASE ATTACH COPY OF PATIENT'S INSURANCE CARD																																												
CITY										STATE										ZIP										PHONE #																													
GUARANTOR'S NAME										STREET ADDRESS										CITY										STATE										ZIP										PHONE #									
BILL: <input type="checkbox"/> PATIENT <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> INSURANCE <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDI-CAL <input type="checkbox"/> WORK COMP. DOI															MRN/SSN #																																												
INS. CO. NAME/IPA										SUBSCRIBER NAME										MEMBER ID #																																							
GROUP #										INS. ADDRESS																																																	
CLINICAL HISTORY																																																											

ICD9 Code(s): _____ REQUESTOR SIGNATURE: _____

SPECIMEN INFORMATION

SPECIMEN 1:

Punch Shave Excision Re-excision Check Margin Slide Prep Only

Collection Date: _____ Collection Time: _____ Anatomic Site: _____

Clinical Findings: _____

SPECIMEN 2:

Punch Shave Excision Re-excision Check Margin Slide Prep Only

Collection Date: _____ Collection Time: _____ Anatomic Site: _____

Clinical Findings: _____

SPECIMEN 3:

Punch Shave Excision Re-excision Check Margin Slide Prep Only

Collection Date: _____ Collection Time: _____ Anatomic Site: _____

Clinical Findings: _____

SPECIMEN 4:

Punch Shave Excision Re-excision Check Margin Slide Prep Only

Collection Date: _____ Collection Time: _____ Anatomic Site: _____

Clinical Findings: _____

SPECIAL INSTRUCTIONS: _____

Attention Physician

Patient, Client and Billing Information is requested for the timely processing of this case. Medicare, Medi-cal and other third party payors require that tests be medically necessary.