



SPOKANE (509) 892-2700/(888) 814-6277
 FAX (509) 892-2709
 TUKWILA (425) 646-0922/(877) 288-0922
 FAX (425) 646-0925
 RICHLAND (509) 392-5920/(833) 369-7268
 FAX (509) 866-5020
 MONTANA (509) 892-2700/(888) 814-6277
 FAX (406) 545-1385

LAB NUMBER

CHART #/MRN	DATE OF COLLECTION	SEX <input type="checkbox"/> M <input type="checkbox"/> F
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PATIENT'S NAME (Last Name, First Name, Middle Initial)

ADDRESS

CITY STATE ZIP PHONE

PATIENT SOCIAL SECURITY # PATIENT BIRTHDATE

Please write N/A if SSN is unavailable

COPY TO: First Name Last Name Location/Phone

1

2

INSURANCE DETAILS (Attach Front/Back Copy of MEDICAL Insurance Card)

INSURANCE NAME: POLICY/SUBSCRIBER ID #:

CLAIMS ADDRESS: GROUP #:

NO INSURANCE, BILL PATIENT
 CLINIC DIRECT BILL

*MEDICARE PATIENTS: SPECIMEN MUST BE SUBMITTED BY A PECOS REGISTERED PROVIDER OR PROVIDER WILL BE RESPONSIBLE FOR PAYMENT

ICD-10 CODE(S) PLEASE INDICATE DIAGNOSIS CODE(S) RELATING TO THE CURRENT PROCEDURE

PREVIOUS TISSUE SENT TO OTHER LAB?
 Yes No (If yes, please attach copy of report)

REQUIRED ORAL SPECIMEN INFORMATION

CLINICAL HISTORY
 Clinical Description of Lesional Tissue, and Pertinent Patient History (prior related diagnoses, etc; inclusion of representative radiographic imaging is additionally recommended for non-routine bone and odontogenic pathology):

Pre/Post Operative Diagnosis:

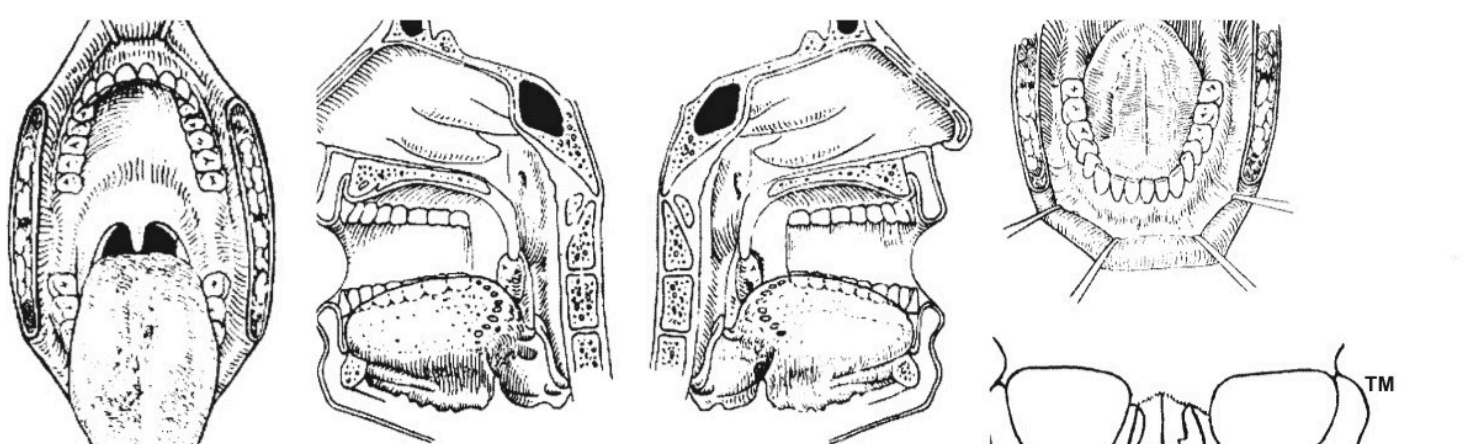
LAB USE

DATE RECEIVED

BILLING CODES

PREP

SURGICAL SITE



AFFIX LABEL(S) TO SPECIMEN CONTAINER(S) WITH FULL PATIENT NAME AND SPECIMEN SITE

Empty box for patient name and specimen site information.

Diagrams courtesy of Dr. Thomas G. Walsh