Oral Pathology Consultants Laboratory Service Request Form

Oral Pathology Consultants

University of Maryland School of Dentistry
Department of Oncology and Diagnostic Sciences
650 W. Baltimore St., 7-North
Baltimore, MD 21201
Phone: 410-706-7936
Fax: 410-706-6115
Email: oralpathologyconsultants@umaryland.edu
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Pathologists

John Basile DDS, DMSc
Ahmed Sultan BDS, PhD
Stephen Roth, DDS

Staff

Sue Hickson
Tanisha Harris

Department use only
Accession number:
Date received:

Patient information

Last name:	First name:		
SSN:	DOB:	Gender: ☐M ☐F	Race:
Address:			
City:		State:	Zip:
Home phone:	Work phone:		

Doctor information

Doctor's name:			
Address:			
City:		State:	Zip:
Phone:	Fax:		
Email:	Signature:		

Medical insurance

Please attach a copy of the patient's medical insurance card, front and back

Insurance company address:		
City:	State:	Zip:
Phone:	ID number:	
Policy holder:	Membership number:	

Medical History

Smoking history:

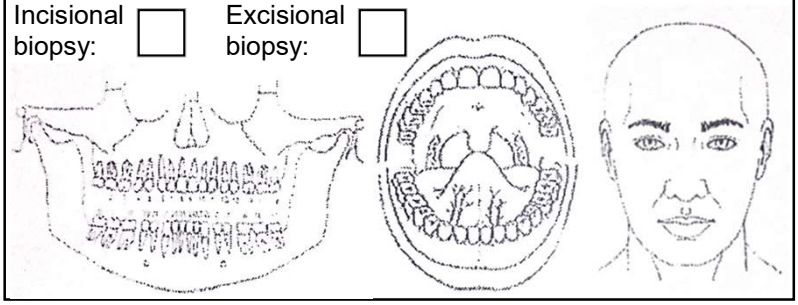
Previous cancer history:

Systemic diseases:

Medications:

Location of lesion: _____

Incisional biopsy: ☐ Excisional biopsy: ☐



Date of Surgery: _____

Description of lesion: _____

Size: _____ Color: _____

Shape: _____ Texture: _____

Radiographic appearance: _____

Cutaneous: ☐ Intraoral: ☐ Soft tissue: ☐ Intra-osseous: ☐

Radiograph provided: ☐ Photograph provided: ☐ Sent electronically: ☐ Copy enclosed: ☐

Clinical impression/Differential diagnosis: _____

Special requests	
Written report only:	☐
Fax:	☐
Request biopsy kits:	☐

Department use only
Diagnostic code:
Insurance code:

UNIVERSITY of MARYLAND SCHOOL OF DENTISTRY

To order biopsy kits: