ORAL PATHOLOGY LABORATORY SERVICE REQUEST

UNIVERSITY OF MARYLAND BALTIMORE
DEPARTMENT OF ONCOLOGY & DIAGNOSTIC SCIENCES
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Oral and Maxillofacial Pathologists:
Bernard A. Levy, DDS, MSD
John Basile, DDS, DMSc
Rania Younis, BDS, PhD

DEPARTMENT USE
OPC ACESSION No:
Date received:

* DATE SPECIMEN OBTAINED: _____

PATIENT'S INFORMATION

LAST NAME	FIRST NAME	
SOCIAL SECURITY No	BIRTHDATE	GENDER M F
RACE	ADDRESS	
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	

DOCTOR'S INFORMATION

DOCTOR'S NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	
E-MAIL	SIGNTURE	

ATTACH COPY OF INSURANCE CARD- FRONT& BACK/NOT DENTAL

MEDICAL INSURANCE

INSURANCE COMPANY ADDRESS		
CITY	STATE	ZIP
PHONE	ID No.	
POLICY HOLDER	MEMBERSHIP No.	

SERVICE REQUESTED

- ○ H & E MICROSCOPIC EXAMINATION
- ○ CONSULTATION ON "OUTSIDE SLIDES"
- ○ FUNGAL SMEAR EXAMINATION

MEDICAL HISTORY

SMOKING	**PREVIOUS CANCER HISTORY**
SYSTEMIC DISEASES	
MEDICATIONS	

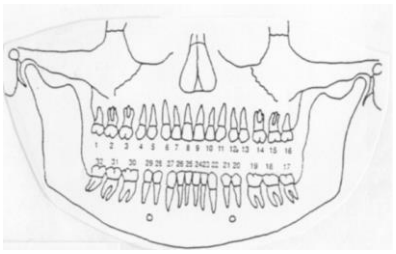
*** SUMMARY OF THE CURRENT LESION(S)**

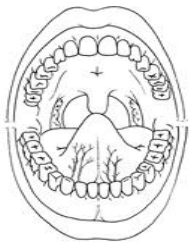
_____

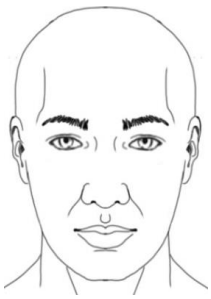
_____

_____

* LOCATION







* CLINICAL APPEARANCE

- SIZE: _____
- COLOR: _____
- SHAPE: _____
- TEXTURE: _____

*** RADIOGRAPHIC APPEARANCE** _____ *** RADIOGRAPH ENCLOSED □**

*** CLINICAL IMPRESSION** _____

PRIORITY OPTION	
WRITTEN REPORT ONLY	□
FAX (WRITTEN REPORT INCLUDED	□
CHECK TO ORDER MORE KITS	□

DEPARTMENT USE ONLY
DIAGNOSTIC CODE:
CHARGE CODE