

Oral Pathology Consultants Laboratory Service Request Form

Oral Pathology Consultants

Pathologists

Department use only

University of Maryland School of Dentistry
 Department of Oncology and Diagnostic Sciences
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 Baltimore, MD 21201
 Phone: 410-706-7936
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 Email: oralpathologyconsultants@umaryland.edu
 Web: <https://www.dental.umaryland.edu/oralpathology/>

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 Ahmed Sultan BDS, PhD

Staff

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Accession number:

Date received:

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

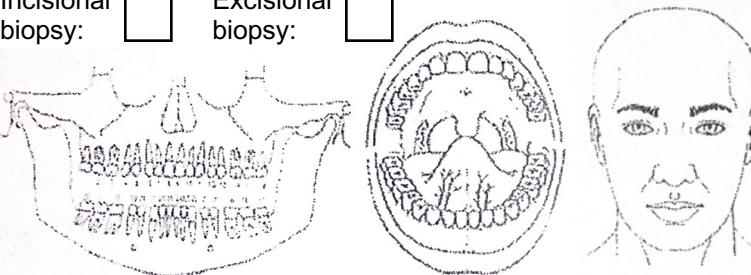
Doctor information	Doctor's name:		
	Address:		
	City:	State:	Zip:
	Phone:	Fax:	
	Email:	Signature:	

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:	<input type="checkbox"/>
Fax:	<input type="checkbox"/>
Request biopsy kits:	<input type="checkbox"/>

Department use only	
Diagnostic code:	
Insurance code:	



To order biopsy kits:

