NSU Health

ORAL PATHOLOGY SERVICES
3300 S. University Drive
Ziff Building, 3rd Floor, Room 4343 B
Fort Lauderdale, FL 33328-2004

Oral and Maxillofacial Pathology Patient Requisition

Email: oralpath@nova.edu
Website: dental.nova.edu/pathology

PATIENT INFORMATION - *Required*				SUBMITTING DOCTOR INFORMATION - *Required*	
Last Name	First Name		M.I.	Name	
Street Address		Apt #		Address	Suite #
City	State	Zip Code		City State	Zip Code
Work Phone	Home Phone			Phone	Fax
Date of Birth	Age	Sex	Race	☐ Supplies needed ☐ Fax Report ☐ Email Report	

PAYMENT METHOD AND DOCTOR ACKNOWLEDGMENT - *Required*

☐ Bill Dentist/Physician

I understand I will be billed directly by Nova Southeastern University/NSU Health for the pathology services I am requesting for the above patient. I hereby assume the responsibility to pay the costs of all services provided by NSU Oral Pathology Services.

_____ _____

Dentist/Physician Name **Dentist/Physician Signature**

NPI # _____ **Email address:** _____

BIOPSY SPECIMEN INFORMATION

Date Of Biopsy - *Required* _____/_____/_____ **ICD10 code(s)**

Biopsy location ☐ Left ☐ Right ☐ Gingiva ☐ Jaws ☐ Lip ☐ Buccal Mucosa

☐ Upper ☐ Lower ☐ Floor of Mouth ☐ Tongue ☐ Other: _____

Description of lesion (size, color, consistency, duration, symptoms) and relevant medical history

CLINICAL IMPRESSION:

_____

Please email radiographs [include for all bone lesions] / clinical photos to: oralpath@nova.edu ☐ Radiographs/Clinical Photos sent

BOTTLE	EXACT ANATOMIC LOCATION OF BIOPSY	ASSOCIATED TOOTH	SPECIMEN TYPE
A		☐ vital ☐ non-vital	☐ incisional ☐ excisional ☐ direct immunofluorescence
B		☐ vital ☐ non-vital	☐ incisional excisional ☐ direct immunofluorescence
C		☐ vital ☐ non-vital	☐ incisional ☐ excisional ☐ direct immunofluorescence

Lab Use Only

White & Pink copies to NSU with specimen

Yellow copy for submitting office