NSU Florida
NOVA SOUTHEASTERN UNIVERSITY

ORAL PATHOLOGY SERVICES
3200 South University Drive
Third Floor, Room 7393
Fort Lauderdale, FL 33328-2018
(954) 262-7382 • Fax: (954) 262-3882

Oral and Maxillofacial Pathology Outside Patient Requisition

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

PATIENT INFORMATION

Last Name | First Name | M.I.

Street Address | Apt#

City | State | ZIP Code

Work Phone | Home Phone

Date of Birth | Age | Sex | Race | Social Security number

GUARDIAN INFORMATION (PLEASE FILL OUT IF PATIENT IS UNDER 18)

Last name | First name | Date of Birth

SUBMITTING DOCTOR INFORMATION

Name

Address

Phone | Fax

❑ Supplies needed ❑ Phone report
❑ Fax report ❑ Email report

Email address

NPI#

Patients must review and sign informed consent for treatment and release of information form.

BILL
❑ Patient
❑ Medicare
❑ Physician

Medicare Patient
❑ Medicare is primary insurance. ❑ Medicare is secondary insurance.

Primary insurance is _____

Medicare # _____ Medigap _____

Doctor's Signature _____ Print Name _____

Date of Biopsy [ ][ ][ ] ❑ Excisional ❑ Incisional

X-Ray included ❑ Yes ❑ No *X-Rays must be included for all bone lesions.*

DESCRIPTION OF LESION (include LOCATION, duration, symptoms, color, consistency)

CLINICAL DIAGNOSIS

SPECIMEN SUBMITTED	EXACT LOCATION	SIZE
A		
B		
C		

Medical History

Lab Use Only

WHITE AND PINK COPIES
SUBMIT TO NSU WITH SPECIMEN

YELLOW COPY
DOCTOR'S COPY