

Trumbull Laboratories, LLC

helping doctors help patients
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Blazej Zbytek, M.D.
Board Certified Dermatopathology

Dermatopathology Requisition

COLLECTOR COMPLETES PURPLE SHADED AREAS

BILL TO <input type="checkbox"/> PATIENT <input type="checkbox"/> MEDICARE / MEDICAID <input type="checkbox"/> INSURANCE		CHART NUMBER	COLLECTION DATE	PHYSICIAN	
LAST NAME		FIRST	MIDDLE	SEX	DOB
STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE #
					SOCIAL SECURITY NUMBER

INSURANCE - FOR INSURANCE BILLING, PLEASE FILL OUT FORM IN ENTIRETY OR COPY INSURANCE CARD.

PRIMARY INSURANCE:		ID#:	GROUP #:		
INSURANCE ADDRESS:					
INSURANCE PHONE #:	INSURANCE SUBSCRIBER:	DOB	RELATIONSHIP TO PATIENT:		
SECONDARY INSURANCE:		ID#:	GROUP #:		
INSURANCE ADDRESS:					
INSURANCE PHONE #:	INSURANCE SUBSCRIBER:	DOB	RELATIONSHIP TO PATIENT:		
CLINICAL HISTORY/ICD-10/DIAGNOSIS(ES):					
EXACT ANATOMIC SOURCE(S) OF TISSUE REMOVED (ADDITIONAL SPACE ON BACK)					
A.		D.			
B.		E.			
C.		F.			

DO NOT WRITE BELOW THIS LINE

PATHOLOGICAL DIAGNOSIS		
CHARGE CODES:	PATH	SLIDES