60931

Coastal Pathology Laboratories
Owned and Managed by Charleston Pathology, P.A.
1128 Lango Avenue
Charleston, SC 29407
Phone 843-769-6345 Fax 843-769-7614

REFERRED BY

SOCIAL SECURITY #

PATIENT NAME (PLEASE PRINT)

LAST _____ FIRST _____ M.I. ____

Street _____

City _____ State _____ Zip _____

SEX	BIRTH DATE (AGE)	CHART #

HOME PHONE #	WORK PHONE #
( )	( )

Complete The Information in the Blue Shaded Box for Patient and Third Party Billing Only

PLEASE INCLUDE A COPY OF INSURANCE CARD(S).

( ) MEDICARE # _____

( ) MEDICAID # _____ STATE ( )

INSURANCE CO. _____

INS. CO. ADDRESS _____

POLICY / I.D. # _____ GROUP # _____ EMPLOYER # _____

EMPLOYER NAME _____

RELATIONSHIP ( ) SELF ( ) SPOUSE ( ) DEPENDENT

DX #1 _____ CODE _____

DX #2 _____ CODE _____

NAME OF INSURED (if different from patient)

NAME (LAST) _____ (FIRST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

REQUESTING PHYSICIAN (PLEASE CHECK ONE)

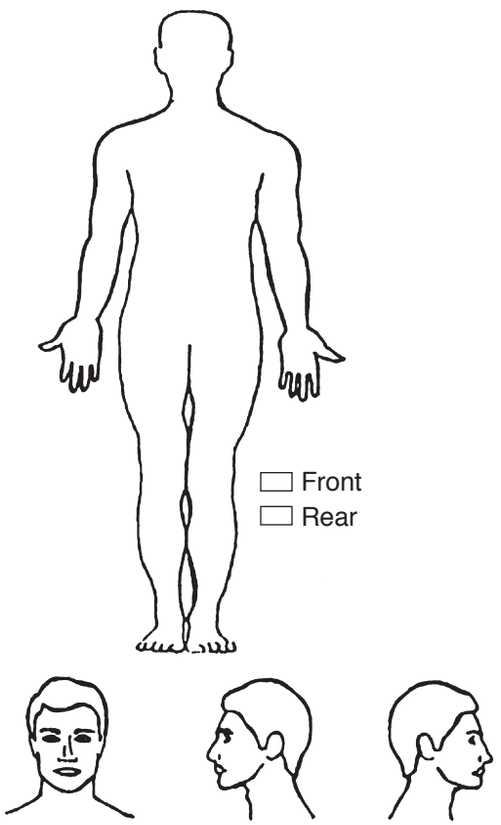
Collection Date _____ **Time** _____

Process Priority:

☐ Routine

☐ Rush call to: _____ ☐ Rush fax to: _____

Send Duplicate Report to:



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