Coastal Pathology Laboratories
Owned and Managed by Charleston Pathology, P.A.
125 Doughty Street
Suite 480
Charleston, SC 29403
Phone 843-769-6345 Fax 843-769-7614

REFERRED

SOCIAL SECURITY #

PATIENT NAME (PLEASE PRINT)

LAST FIRST MI

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

Time Specimen Placed in Formalin (Breast)

Process Priority:

☐ Routine

☐ Rush call to: ☐ Rush fax to:

Send Duplicate Report to:

TISSUE SOURCE (PLEASE LIST SEPARATELY)

A.

B.

C.

D.

E.

F.

G.

H.

I.

CLINICAL DATA (AND/OR REASON FOR TESTING)

A.

B.

C.

D.

E.

F.

G.

H.

I.