To: Robert S. Ohgami, MD, PhD, Stanford Department of Pathology
Re: Hematopathology Consult

From:

Please find enclosed our hematopathology case for consult.

We include details on the patient in brief:

STANFORD
UNIVERSITY MEDICAL CENTER

Anatomic Pathology Consultation Services
URL: http://pathology.stanford.edu/

Daniel Arber, MD, Medical Director

300 Pasteur Drive, Room H2110
Stanford, CA 94305-5624
Phone: (650) 723-7211
Fax: (650) 725-7409

Patient Name	(Last)	(First)	DOB

Social Security No. *(Use last 6 digits only)*	Sex	Patient's Phone Number
	M F	( )

Patient Address	City	State	Zip Code

Practice Name & Address

Phone No.   Fax No.

Physician Signature   Date

Printed Physician Name   Physician NPI #:

Payor
- ❑ Patient
- ❑ PPO
- ❑ Medi-Cal
- ❑ Medicare
  - ❑ Inpatient
  - ❑ Outpatient
- ❑ Client
- ❑ Other

DIAGNOSTIC TESTS • ANATOMIC PATHOLOGY

HMO Insurance Authorization # _____

Patient/health plan will receive 2 bills; technical (lab) and professional (M.D.) charges are billed separately.

Insurance Info: Attach a copy of front & back of Insurance card or face sheet.

For Lab Use Only

Requisition #

ICD Code(s) - *REQUIRED INFORMATION*

Copies to: (Name & Address, Fax & Phone)

Patient History / Clinical Findings:

Consultation Services: ❑Surgical Pathology ■Hematopathology
❑Specific Pathologist (list):_____

Robert Ohgami, MD, PhD

Request to perform ■Consultation   ❑Second Opinion   ❑Other _____
Requested by: ❑Pathologist   ❑Attending Physician   ❑Patient   ❑Other _____

Specimen 1 Collection Date: ____/_____/_____   Referring Facility Case No. _____

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
❑ Unstained Slide(s) ❑ Stained Slide(s) ❑ Paraffin Block ❑ X ray film(s)/Photo(s) ❑ Fresh Tissue-Site: _____		

Specimen 2 Collection Date: ____/_____/_____   Referring Facility Case No. _____

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
❑ Unstained Slide(s) ❑ Stained Slide(s) ❑ Paraffin Block ❑ X ray film(s)/Photo(s) ❑ Fresh Tissue-Site: _____		

Specimen 3 Collection Date: ____/_____/_____   Referring Facility Case No. _____

Material Submitted	# of Blocks/Slides/Tissue	Material Identifying Information (Block /Slide/Tissue Accession #)
❑ Unstained Slide(s) ❑ Stained Slide(s) ❑ Paraffin Block ❑ X ray film(s)/Photo(s) ❑ Fresh Tissue-Site: _____		