

Caris Surgical Pathology Consultation Requisition

Please complete the BLANK FIELDS and fax requisition back to 866.688.3280.



PATIENT INFORMATION

Patient Name: _____
Medical Record No. _____ Date of Birth: _____

REQUESTING PHYSICIAN INFORMATION

Requesting Physician: _____ NPI#: _____
Address: _____ Phone: _____
Physician Signature: _____

BILLING INFORMATION

Bill Patient Bill Requesting Physician Billing Enclosed
(If billing patient, please enclose all patient information and insurance)

REPORT DELIVERY

Please include all slides and related surgical pathology reports (tissue blocks optional).

Consultation Report to be sent to:

Name: _____
Address Line 1: _____
Address Line 2: _____
City/State/Zip: _____
Phone: _____

HIPAA-Compliant, Secure Fax #: _____

By Mail: National Courier with Tracking

Pathology Material to be returned to:

Name: _____
Address Line 1: _____
Address Line 2: _____
City/State/Zip: _____
Phone: _____