REQUISITION

CTALab
CURTIS THOMPSON, MD & ASSOCIATES
Your Skin, Hair & Nail Pathology Experts

For specimen pick up:
503.245.8220 or 877.245.4525

10120 SW Hall Blvd., Suite 100 / Tigard, OR 97223
www.cta-lab.com

Submitting Physician (Name and Telephone)	**Today's Date**	**Date of Collection** (*Required*)

Patient Name (Last, First M) (*fill in or attach information*)	**Patient Date of Birth** (*Required*)	**Sex** M F
Patient Address (mailing: street or box, city, state, ZIP)		**Patient Telephone**

Bill to: ☐ Insurance ☐ Medicare ☐ Medicaid/OMAP ☐ Patient ☐ Physician (*fill in or attach information*)

Primary Insurance Name:	**Secondary Insurance** Name:
Policy Holder's Name	Policy Holder's Name
ID/Group Numbers	ID/Group Numbers
Billing Address	Billing Address

	Specimen Data	**Findings and Gross Descriptions**
A	Type & Orders (check applicable) ☐ Punch ☐ Shave ☐ Snip ☐ Excision ☐ Check Margins ☐ DIF ☐ Alopecia Sections ☐ PAS Fungal ☐ Dermatopathologist Read ☐ Slide Prep Only Site	Clinical Findings Gross (Lab use only) ☐ Brown ☐ Tan ☐ Gray _____ x _____ x _____ mm Specimen is: ☐ Inked ☐ Sectioned Submitted: ☐ Entirely ☐ Partially
B	Type & Orders (check applicable) ☐ Punch ☐ Shave ☐ Snip ☐ Excision ☐ Check Margins ☐ DIF ☐ Alopecia Sections ☐ PAS Fungal ☐ Dermatopathologist Read ☐ Slide Prep Only Site	Clinical Findings Gross (Lab use only) ☐ Brown ☐ Tan ☐ Gray _____ x _____ x _____ mm Specimen is: ☐ Inked ☐ Sectioned Submitted: ☐ Entirely ☐ Partially
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Laboratory, Dermatopathologist, & Claim Processing Use Only

Laboratory			Laboratory			Dermatopathologist	
Count	CPT Code	Mod	Count	CPT Code	Mod	Diagnosis (ICD-9/10)	Diagnosis (ICD-9/10)
	88305	TC		88304		☐ 238.2	☐ 232.__
	88312	TC		88305		☐ 173.__	☐ 216.__
		TC		88312		☐ 692.9	☐ 172.__

				88321		
				88323		