



# Delta Dermatology

**Alexandria**  
 211 Fourth St.  
 Alexandria, LA 71301  
 318-769-3 Tel  
 318-769-3 Fax

**Lafayette**  
 4801 Ambassador Caffery  
 Lafayette, LA 70508  
 337-470-4 Tel  
 337-470-4051 Fax

**Monroe**  
 309 Jackson St.  
 Monroe, LA 71201  
 318-966-4105 Tel  
 318-966-4423 Fax

**Greater New Orleans**  
 1141 Whitney Ave. Bldg 3  
 Gretna, LA 70056  
 504-361-3757 Tel  
 504-361-3132 Fax

**Shreveport**  
 2915 Missouri Ave.  
 Shreveport, LA 71109  
 318-621-8820 Tel  
 318-212-4189 Fax

**Toll Free:**  
**1-800-530-5088**

## DERMATOPATHOLOGY

### PATIENT INFORMATION

### BILLING INFORMATION

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security Number \_\_\_\_\_

Medical Record Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  Male  Female

**Physician Last Name, First, MI** \_\_\_\_\_

Additional Report To: \_\_\_\_\_

Nurse \_\_\_\_\_

<b>Collection Date</b>	<b>Time</b>	Room #	ID #

Clinical History: \_\_\_\_\_

**BILL TO:**  Patient  Medicare  Medicaid  Other

Subscriber Name \_\_\_\_\_ Primary Care Physician \_\_\_\_\_

Medicare Number \_\_\_\_\_ Suffix(es) \_\_\_\_\_

Medicaid Number \_\_\_\_\_ State \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Group number \_\_\_\_\_

Address \_\_\_\_\_

MARK AREA FROM WHICH SPECIMEN WAS REMOVED. DESCRIBE SOURCE IN AREA BELOW.



FRONT

BACK

Site	Impression	Excision To Fat	EDC	Excision	Excision Ck Margins	Biopsy	DIF	FS
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

**LAB USE ONLY** | FS DIAGNOSIS: \_\_\_\_\_

INITIALS \_\_\_\_\_

H&E QC Acceptable \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_ Cryostat temp \_\_\_\_\_

The results of the Frozen Section examination were reported to the physician listed above on today's date at the time indicated.

**No. of Containers Submitted** \_\_\_\_\_

**LAB USE ONLY – ACCESSION NO.** \_\_\_\_\_