



LAGUNA PATHOLOGY MEDICAL GROUP
Barr Dermatopathology

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Patient Information

Last Name

First Name

Date of Birth Sex

Address

City/State/Zip

Phone:

Collection Date: / /

STATE AND FEDERAL REGULATIONS REQUIRE YOU TO PROVIDE THE PATIENT'S DEMOGRAPHICS AND INSURANCE INFORMATION, INCLUDING A COPY OF THEIR INSURANCE CARD. PER CAP GUIDELINES. CLINICAL INFORMATION MUST ALSO BE PROVIDED.

FAILURE TO DO SO MAY REQUIRE US TO RETURN THE SPECIMEN.

Patient Billing Information:

Copy of Insurance Card

Medicare

Self Pay

Patient Demographics Attached

Send copy of report to additional physician(s):

Fax to: _____

Specimen Information

STAT

SLIDE CONSULTATION: Provide reason for the consultation or attach pathology report.

PREVIOUSLY BIOPSIED? Provide Case #: _____ and attach report (if not LPMG.)

Material Enclosed

Number of Slides: _____

Number of Blocks: _____

Site	Specimen # (if applicable)	Clinical Information
A.		*If dermatology, indicate if <input type="checkbox"/> Punch <input type="checkbox"/> Base tx <input type="checkbox"/> Shave <input type="checkbox"/> Excision
B.		*If dermatology, indicate if <input type="checkbox"/> Punch <input type="checkbox"/> Base tx <input type="checkbox"/> Shave <input type="checkbox"/> Excision
C.		*If dermatology, indicate if <input type="checkbox"/> Punch <input type="checkbox"/> Base tx <input type="checkbox"/> Shave <input type="checkbox"/> Excision
D.		*If dermatology, indicate if <input type="checkbox"/> Punch <input type="checkbox"/> Base tx <input type="checkbox"/> Shave <input type="checkbox"/> Excision
E.		*If dermatology, indicate if <input type="checkbox"/> Punch <input type="checkbox"/> Base tx <input type="checkbox"/> Shave <input type="checkbox"/> Excision