

Dermatopathology

Cynthia M. Magro, MD, Director

Please complete the information below, print and send with blocks, slides and original Pathology report to: Dermatopathology, 1300 York Avenue F-310 New York, NY 10065 Tel:212-746-6434, Fax: 212-746-8570 E-mail: cornelldermpath@med.cornell.edu Website: www.dermpath.weill.cornell.edu

WCM Dermatopathology Consultation

| | | | | Date: | |
|---|-----------------------------|-------------------------|---------------------------------|--|--|
| Referring Physi | cian | | | | |
| Physician Name: | | | | NPI#: | |
| Address: | | | | | |
| City/State/Zip: | | | | | |
| Phone: | | Fax: | | Email: | |
| Patient Informa | ation and History | / | | | |
| Patient Name: | | ,] | Date of Birth: | Gender: Male Female | |
| Home Address: | | | | | |
| City/State/Zip: | | | | Phone: | |
| Clinical History: | | | | | |
| | | | | | |
| | | | | | |
| Site of Biopsy(s): | | | | | |
| Reason for consu | ultation / specific o | uestions (requi | red): | Working Diagnosis: | |
| To verify the diagnosis and or grade for treatment purposes | | | | | |
| To resolve an equivocal diagnosis for treatment purposes | | | | | |
| To resolve a clinical-pathological discrepancy for treatment purposes | | | | | |
| PHYSICIAN SIGNATURE (required): | | | | | |
| | Date: | | | | |
| Materials Submitted | | | | | |
| Slides - Path#: | # of SI | ides: | Blocks - Path # | # of Blocks: | |
| Slides - Path#: | # of SI | | Blocks - Path # | # of Blocks: | |
| | on (You must select | | | | |
| Referring Institution/Physician Patient/Insurance | | | | | |
| | | | Primary | | |
| Name: | <i>.</i> • | | Insurance Car | rier: | |
| Responsible Party: Business Address: | | | Address: | | |
| | • | | | | |
| | | | Group # | Policy # | |
| City /State/Zip: | | | Secondary | | |
| Business Phone: | | | Insurance Carrier: | | |
| Email: | | | Address: | | |
| | | | | | |
| | | | Group # | Policy # | |
| *NOTE: For outside consu | ltation services the patien | t's insurance informati | on must be supplied if the pati | ent is to be billed. If payment is denied by the patient's | |

***NOTE:** For outside consultation services the patient's insurance information must be supplied if the patient is to be billed. If payment is denied by the patient's insurance, you "referring physician" will be responsible for payment for services. Please visit the Cornell Pathology website to verify the accepted insurance list. https://pathology.weill.cornell.edu/sites/default/files/insurance-participation-listing.pdf