REQUISITION

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

For specimen pick up:
503.906.7300

12254 SW Garden Place / Tigard, OR 97224
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		
Count	CPT Code	Mod
	88305	TC
	88312	TC
		TC

Laboratory		
Count	CPT Code	Mod
	88304	
	88305	
	88312	

Laboratory		
Count	CPT Code	Mod
	88321	
	88323	

Dermatopathologist	
Diagnosis (ICD-9/10)	Diagnosis (ICD-9/10)
☐ 238.2	☐ 232.__
☐ 173.__	☐ 216.__
☐ 709.9	☐ 172.__