**Foothills Pathology, PC**

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 **![C:\Users\rjmckinn\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\MM7RHK6D\Microscope_icon[1].png]()**

**Patients Name:**

**Date of Birth**

**Address**

**City**

**State**

**Zip**

**Attach Insurance information**

**Primary Insurance**

ID# Authorization #

Billing Address of primary Insurance

**Secondary Insurance**

ID# Authorization #

Billing Address of Secondary Insurance

**Date of collection** **Time of Collection**

**Fixative:** Formalin[ ]  Fresh[ ]

Clinical history/diagnosis or CPT Code

**Specimen Site**

A. D

 E. E.

C. F.