

NAIL REQUISITION

Phone: 503.906.7300 Fax: 503.245.8219

CTA Pathology
9750 SW Nimbus Ave
Beaverton, OR 97008

Specimen Data
Site (Please send fresh. Do not put specimen in formalin.)
Tests Requested <input type="checkbox"/> PAS for Fungus Detection (Nail Clippings) <input type="checkbox"/> Skin Biopsy, including Nail/Bed Matrix

Submitting Physician (Name and Telephone)	Today's Date	Date of Collection (<i>Required</i>)
Patient Name (Last, First M) (<i>fill in or attach information</i>)	Patient Date of Birth (<i>Required</i>)	Sex M F
Patient Address (mailing: street or box, city, state, ZIP)		Patient Telephone

Bill to: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/OMAP <input type="checkbox"/> Patient <input type="checkbox"/> Physician (<i>fill in or attach information</i>)	
Primary Insurance	Secondary Insurance
Policy Holder's Name	Policy Holder's Name
ID/Group Numbers	ID/Group Numbers
Billing Address	Billing Address

Findings and Gross Descriptions
Clinical Findings
Gross (Lab use only) <input type="checkbox"/> Brown <input type="checkbox"/> Tan <input type="checkbox"/> Gray _____ x _____ x _____ mm Specimen is: <input type="checkbox"/> Inked <input type="checkbox"/> Sectioned Submitted: <input type="checkbox"/> Entirely <input type="checkbox"/> Partially