

# PATHOLOGY OUTSIDE SLIDE CONSULTATION ORDER FORM



**Woman's Hospital Pathology**  
100 Woman's Way  
Baton Rouge, LA 70817  
Phone: 225-924-8368  
Fax: 225-231-5261



**Pathology Group of Louisiana**  
5339 O'Donovan Drive  
Baton Rouge, LA 70808  
Phone: 225-766-4999  
Fax: 225-766-4754

**Step 1.** DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**Step 2.** PATIENT NAME: \_\_\_\_\_

**Step 3.** **DIAGNOSIS CODE(S):** \_\_\_\_\_ **(NEEDED TO PROCESS ORDER)**

**Step 4.** **PATHOLOGY SLIDES: REQUEST INSTITUTION TO SEND PATIENT SLIDES TO THE FOLLOWING ADDRESS BELOW:**  
**Pathology Department Attention: Slide Consult 100 Woman's Way Baton Rouge, LA 70817**

**Step 5. SHIPPING LABELS:**

**IN-HOUSE PHYSICIAN(S):** Email MM-REC for shipping label.

**OptiFreight:** Create shipping label/number in Cardinal OptiFreight to send to institution you are requesting slides from.

**OUTSIDE PHYSICIANS(S):** Call Woman's Pathology at main line at 924-8368 for shipping label.

**Step 6. COMPLETE PATIENT INFORMATION BELOW**

<b>Physician requesting outside slide review:</b>			
<b>Patient Last Name (legible):</b>			
<b>Patient First Name (legible):</b>			
<b>Patient Middle Initial:</b>			
<b>Date of Birth:</b>			
<b>Date of scheduled appointment:</b>			
<b>Contact person for physician's office:</b>			
<b>Contact Number:</b>		<b>Fax Number:</b>	
<b>Comments:</b>			

**Step 7. ATTACH the following paperwork below to process your request**

**Note: Failure to submit all requested paperwork may delay your request**

Please fax sheet with the information below to Medical Transcription department at **225-231-5261**. Please follow-up the fax with a call to ensure that the information was received. The phone number for the transcription office is **225-924-8368**.

- DEMOGRAPHIC SHEET** Note: You can send a copy of an office demographic sheet

<b>BILL TO: X Patient Insurance (RESPONSIBLE PARTY MUST BE COMPLETED FOR OUR RECORDS)</b>			
RESPONSIBLE PARTY NAME	RELATIONSHIP	HOME PHONE:	
PATIENT ADDRESS	CITY	STATE	ZIP CODE
Insurance/Medicare/Medicaid billing, attach a legible copy of both sides of the patient's insurance card(s). Complete the insurance subscriber information below:			
SUBSCRIBER NAME	RELATIONSHIP TO PATIENT	SOCIAL SECURITY #	DOB

- COPY OF INSURANCE AND PATIENT ID** (Driver's License)
- PATIENT AUTHORIZATION SHEET** for release of information/tissue.
- PATHOLOGY REPORT**  
**IN-HOUSE PHYSICIANS:** Pathology report is generated from an EMR, surgical number is CLEARLY listed on the report.

**Step 8. Obtain physician signature and date**

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_