

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

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

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

BILL TO: X Patient Insurance (RESPONSIBLE PARTY MUST BE COMPLETED FOR OUR RECORDS)			
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:** _____