**Consultation Request Form**


## F. A. Tavassoli, M.D.

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310 Cedar St. Room: LH 222, New Haven, CT 06510 Phone: (203)785-5439, Fax: (203) 737-2470


**Facility:** _____ **Date:** _____

**Dr. Name:** _____ **Phone:** _____

**Address:** _____

_____ **Fax:** _____

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**Pt. First Name:** _____ **Last Name:** _____ **Sex:** ☐ **M** ☐ **F**

**Age:** _____ **DOB:** _____ **S.S.#** _____

**Site of Lesion:** _____ **Collection Date:** _____

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**Materials Submitted:**

**Slides: Path #:** _____ **No.:** _____ **Blocks: Path #:**_____ **No.:** _____

**Slides: Path #:** _____ **No.:** _____ **Blocks: Path #:**_____ **No.:** _____

**Mammogram, #** _____ **Other:** _____

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**Send bill for this consult to: (Please check one and provide the information requested. If all the information requested is not provided, we will bill the referring pathologist.)**

☐ **Referring Pathologist:** _____

☐ **Clinician (Name, address, phone #):** _____

_____

☐ **Patient (or patient guardian) Name:** _____

**Address:** _____

**Phone:** _____ **Social Security #:** _____

**Insurance Name:** _____**Plan Name:** _____

**Policy #:** _____ **Group #:** _____

**Insurance Company Address:** _____

_____

**Insurance Company Phone:** _____ **Insured's Relationship to patient:** _____

**IS THE PATIENT A BENEFICIARY OF MEDICARE/MEDICAID OR ANY OTHER GOVERNMENT-SPONSORED INSURANCE PLAN?** ☐ **YES** ☐ **NO** **(check one)**

**IF YES, WAS PATIENT REGISTERED AS A HOSPITAL INPATIENT OR OUTPATIENT AT THE TIME THE SPECIMEN WAS TAKEN?** ☐ **YES** ☐ **NO** **(check one)**

**If the answer to both questions is "yes," any technical charges will be billed to the referring hospital.**

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*Use one form per case. Please enclose a cover letter outlining the clinical history, any specific questions regarding the case and a copy of the surgical pathology report, even if incomplete (gross description of specimen), to document patient identity as well as slide labeling as well as any questions particular to the case. Please feel free to make copies of this form for future use.*