BENEFIS HOSPITALS PATHOLOGY
Benefis Hospital East • (406) 455-5436
1101 26th St. So, Great Falls, MT 59405

Benefis HOSPITALS

OUTPATIENT SURGICAL PATHOLOGY REQUISITION

Name _____

Sex _____ Birthdate ____ / ____ / ____ Date _____

Physician(s) _____

Specimen Submitted (Anatomical source; clearly designate left or right) _____

_____ #1 Time Specimen Removed from Patient:_____

_____ Time Placed in Fixative:_____

Clinical Information_____ #2 Time Specimen Removed from Patient:_____

Time Placed in Fixative:_____

_____

_____

Previous Tissue Examinations _____

Hospital _____ Date _____ Diagnosis _____

Differential Diagnosis:

Provider Signature _____

PATIENT INFORMATION BELOW MUST BE COMPLETED SO WE MAY FILE INSURANCE

Last Name _____ First _____ Initial___ Soc. Sec.# ___-___ - _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

Age ____ Sex ____ Birthdate ____ /____/____ Patient Status: Single _____ Married _____ Other _____

Insured's Name _____ Relationship _____ Soc. Sec.# ____-____ - _____

Insured's Address _____ Insured's Employer _____

Name of 1st Insurance Company _____

Address of 1st Insurance Company _____

Policy # _____ Group # _____

Name of 2nd Insurance Company _____

Address of 2nd Insurance Company _____

Policy # _____ Group # _____