



Mihm Cutaneous Pathology Consultative Service

PATIENT SLIDE CONSULTATION REQUEST FORM

Results are released to the client (physician sending the case). By including this form with the slides, you acknowledge the patient is initiating the request for the consultation and results can also be released to the patient and designees, as listed below. Additionally, our office acknowledges that the patient is solely responsible for the consultation charges and should be billed accordingly. **This form must be accompanied with a billing guarantor form that has been completed by the patient.**

Please send

*Slides/Blocks

*Pathology Report

*Completed form

*Attach insurance/demographic information

Patient Information:

Name: _____

Gender (Please circle): Male/ Female

Date of Birth: _____

Site of Biopsy: _____
(i.e. Right lower leg)

Results should be sent to:

Name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Additional Copies to:

Insurance/Billing Information:

Patient's Address: _____

Phone Number: _____

Insurance: _____

Policy/Group Number: _____

Subscriber Name/DOB: _____

(Attach insurance information)

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