Mid Florida Pathology
2100 Prevatt Street
Eustis, FL 32726
Phone: 352-460-0292
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www.midfloridapathology.com

Mid-Florida Pathology

For specimen pick up, please call 352-308-8903

Date of collection: _____ Time of collection: _____

PATIENT INFORMATION

First *Last*
Name

Month Day Year
Sex Birth Date

Social Security# Hosp./Clinic#

Street Address/Apt.#

City State Zip

Phone *(Home)* *(Work)*

PHYSICIAN INFORMATION

PRIMARY INSURANCE ☐ Self Pay ☐ Insurance

Please include a copy of insurance card and patient ID.

Insurance Company

Subscriber/Member# Group#

Claim Address

City State Zip

SECONDARY INSURANCE ☐ None

Insurance Company

Subscriber/Member# Group#

Claim Address

City State Zip

Specimen A: ☐ Right ☐ Left

Specimen
☐ Biopsy shave ☐ Biopsy punch ☐ Nail biopsy
☐ Excision ☐ Aspiration

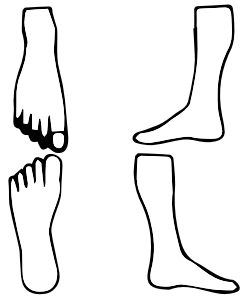
Skin/Soft Tissue
☐ Dermatitis ☐ Ulcer ☐ Tumor
☐ Pigmented lesion
☐ Non-pigmented lesion (verruca/rule out carcinoma)
☐ **Other (explain):** _____

Nail
☐ Higher Sensitivity and melanin screen(PAS/GMS/FM) (Dematiaceous fungi / Melanoma)
☐ Higher Sensitivity(PAS/GMS)
☐ Pigmented lesion ☐ Tumor
☐ Nail dystrophy-histology with PAS
☐ Nail dystrophy-fungal culture
☐ **Other (explain):** _____

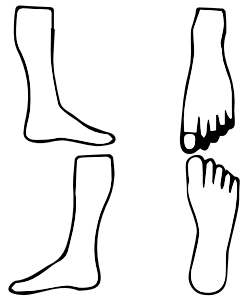
Bone
☐ Osteomyelitis (infectious) ☐ Tumor
☐ Degenerative disease (hallux abducto-valgus/hammer toe)
☐ **Other (explain):** _____

Microbiology
☐ Bacterial Culture Aerobic and Bacterial Sensitivity/Gram Stain
☐ Bacterial Culture Anerobic and Bacterial Sensitivity/Gram Stain
☐ Fungal Culture

Right



Left



Specimen B: ☐ Right ☐ Left

Specimen
☐ Biopsy shave ☐ Biopsy punch ☐ Nail biopsy
☐ Excision ☐ Aspiration

Skin/Soft Tissue
☐ Dermatitis ☐ Ulcer ☐ Tumor
☐ Pigmented lesion
☐ Non-pigmented lesion (verruca/rule out carcinoma)
☐ **Other (explain):** _____

Nail
☐ Higher Sensitivity and melanin screen(PAS/GMS/FM) (Dematiaceous fungi / Melanoma)
☐ Higher Sensitivity(PAS/GMS)
☐ Pigmented lesion ☐ Tumor
☐ Nail dystrophy-histology with PAS
☐ Nail dystrophy-fungal culture
☐ **Other (explain):** _____

Bone
☐ Osteomyelitis (infectious) ☐ Tumor
☐ Degenerative disease (hallux abducto-valgus/hammer toe)
☐ **Other (explain):** _____

Microbiology
☐ Bacterial Culture Aerobic and Bacterial Sensitivity/Gram Stain
☐ Bacterial Culture Anerobic and Bacterial Sensitivity/Gram Stain
☐ Fungal Culture

Diagnosis:
Toe: RT 1 2 3 4 5 LT 1 2 3 4 5

Nail:
☐ Disorders nail, unsp L60.9
☐ Onychomycosis B35.1
☐ Disorders skin/sq unsp L98.9

Skin:
☐ Disorders skin/sq unsp L98.9
☐ Contact Dermatitis unsp L25.9
☐ Benign Neoplasm Skin RT D23.71
☐ Benign Neoplasm Skin LT D23.72

Aspiration:
☐ Neoplasm unsp bone/skin/sq D49.2

Culture:
☐ Infection sk/sq L08.09
☐ Abcess FT/Toe RT L02.611
☐ Abcess FT/Toe LT L02.612

Other Diagnosis:_____

Diagnosis:
Toe: RT 1 2 3 4 5 LT 1 2 3 4 5

Nail:
☐ Disorders nail, unsp L60.9
☐ Onychomycosis B35.1
☐ Disorders skin/sq unsp L98.9

Skin:
☐ Disorders skin/sq unsp L98.9
☐ Contact Dermatitis unsp L25.9
☐ Benign Neoplasm Skin RT D23.71
☐ Benign Neoplasm Skin LT D23.72

Aspiration:
☐ Neoplasm unsp bone/skin/sq D49.2

Culture:
☐ Infection sk/sq L08.09
☐ Abcess FT/Toe RT L02.611
☐ Abcess FT/Toe LT L02.612

Other Diagnosis:_____

I authorize Mid-Florida Pathology to bill my insurance: _____