Tulsa Medical Laboratory, LLC

KELLY PROFESSIONAL BUILDING
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Tulsa, Oklahoma 74136
Phone: (918) 481-7844
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Date _____

TISSUE EXAMINATION

Patient Name (Last, First) _____ Age: ____ Date of Birth: _____ Sex: ____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (___) _____ Spouse/Parent: _____ Social Security #: _____

Medicare #: _____ Medicaid #: _____

Insurance Company: _____ Subscriber: _____

Policy #: _____ Group #: _____

Source of Specimen: _____

☐ PREVIOUS ABNORMAL SMEAR OR BIOPSY: ☐ Radiation Therapy ☐ Chemotherapy

Clinical Information: _____

_____

Requesting Physician: