



Tulsa Medical Laboratory, LLC

KELLY PROFESSIONAL BUILDING
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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 #: _____

Site of Specimen: _____

Punch Biopsy Shave Biopsy Punch Excision Shave Excision Curettage: Elliptical Excision

CLINICAL INFORMATION: _____

Physician Signature: _____

Form# TML-211 12-2010

If the patient is Medicare, the ordering physician must sign requisition.