



305 Park Creek Drive
Clovis, CA 93611
ph: (559)326-2800
fax: (559)326-2801

CHARAY JENNINGS-DOVER, M.D., Ph.D
STEVAN R. KNEZEVICH, M.D., Ph.D

Medical Director:
William C. Pitts M.D.

PATIENT INFORMATION

LAST NAME		FIRST NAME	M.I.
STREET ADDRESS			APT. #
CITY		STATE	ZIP CODE
PHONE NUMBER		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	AGE	SEX	PATIENT ID

BILL: **INSURANCE** **PATIENT** **PHYSICIAN/CLIENT**

DATE COLLECTED ____/____/____ TIME COLLECTED _____

BILLING/INSURANCE INFORMATION (ATTACH A COPY OF INSURANCE CARD - BOTH SIDES)

Slide/Container 1

Biopsy <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Currette <input type="checkbox"/> Excision <input type="checkbox"/> Re-excision <input type="checkbox"/> Alopecia Biopsy <input type="checkbox"/> Direct Immunofluorescence	SITE/SLIDE NUMBER: CLINICAL FINDINGS/MORPHOLOGY:	<input type="checkbox"/> For Processing + Read <input type="checkbox"/> For Technical Only <input type="checkbox"/> Slide Consult
	SIZE OF LESION:	CLINICAL DDX:

Slide/Container 2

Biopsy <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Currette <input type="checkbox"/> Excision <input type="checkbox"/> Re-excision <input type="checkbox"/> Alopecia Biopsy <input type="checkbox"/> Direct Immunofluorescence	SITE/SLIDE NUMBER: CLINICAL FINDINGS/MORPHOLOGY:	<input type="checkbox"/> For Processing + Read <input type="checkbox"/> For Technical Only <input type="checkbox"/> Slide Consult
	SIZE OF LESION:	CLINICAL DDX:

Slide/Container 3

Biopsy <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Currette <input type="checkbox"/> Excision <input type="checkbox"/> Re-excision <input type="checkbox"/> Alopecia Biopsy <input type="checkbox"/> Direct Immunofluorescence	SITE/SLIDE NUMBER: CLINICAL FINDINGS/MORPHOLOGY:	<input type="checkbox"/> For Processing + Read <input type="checkbox"/> For Technical Only <input type="checkbox"/> Slide Consult
	SIZE OF LESION:	CLINICAL DDX:

Slide/Container 4

Biopsy <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Currette <input type="checkbox"/> Excision <input type="checkbox"/> Re-excision <input type="checkbox"/> Alopecia Biopsy <input type="checkbox"/> Direct Immunofluorescence	SITE/SLIDE NUMBER: CLINICAL FINDINGS/MORPHOLOGY:	<input type="checkbox"/> For Processing + Read <input type="checkbox"/> For Technical Only <input type="checkbox"/> Slide Consult
	SIZE OF LESION:	CLINICAL DDX: