

CONSULTATION REQUEST

Please use one form per case and accompany with (1) covering letter containing a summary of the clinical history, operative findings and source of material; (2) a copy of the surgical pathology report, even if incomplete.

TO: _____, M.D. Department of Pathology Memorial Sloan-Kettering Cancer Center 1275 York Avenue New York, NY 10021 Phone: (212) 639-5905 Fax: (212) 717-3203	FROM: _____ Date: _____ Name: _____ Address _____ Phone: _____ Fax: _____ THE RESULTS FROM THIS CONSULTATION WILL BE REPORTED IN A LETTER TO BE FAXED AND THEN MAILED ACCORDING TO THE ABOVE INFORMATION Would you also like? <input type="checkbox"/> Phone call <input type="checkbox"/> Copy of reply to: _____
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PATIENT NAME: _____

Patient Address: _____

City _____ State _____ Zip _____ Country _____

Patient D.O.B.: _____ Sex: _____ Race: _____

Site of lesion: _____

Consult requested by: Pathologist Clinician Patient Other: _____

Patient clinical history: _____

Reason for consultation: _____

Specific questions: _____

Working or differential diagnosis: _____

MATERIAL SUBMITTED:

<input type="checkbox"/> Slides	Path # _____	# of slides: _____	<input type="checkbox"/> Wet fixed tissue	<input type="checkbox"/> Fresh frozen tissue
	Path # _____	# of slides: _____	<input type="checkbox"/> Gross photographs	# of photographs _____
	Path # _____	# of slides: _____	<input type="checkbox"/> Electron micrographs	# of EM's _____
<input type="checkbox"/> Blocks	Path # _____	# of blocks: _____	<input type="checkbox"/> EM blocks EM# _____	# of EM blocks _____
	Path # _____	# of blocks: _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> X-rays	# of x-rays _____			
<input type="checkbox"/> Other	_____			

Which material can be retained by us? _____

Which material needs to be returned to you? _____

BILLING INFORMATION:

<input type="checkbox"/> Referring pathologist/UPIN # _____
<input type="checkbox"/> Clinician (name & address): _____

<input type="checkbox"/> Patient (For insurance information please navigate from the side bar: Patient care -> For new Patients -> Insurance information. You can also call: 646-497-9176)
<input type="checkbox"/> Other (please specify): _____ (name & address): _____
