

BROWN DERMATOLOGY, INC.

For Lab Use Only

Division of Dermatopathology

Rhode Island Hospital
593 Eddy Street • APC-10th floor
Providence, RI 02903

Specimen Number	Date Received
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Leslie Robinson-Bostom, M.D.

CLIA # 41DO902996

Gladys H. Telang, M.D.

Telephone (401) 444-8511 Fax (401) 444-0387

Last Name	First Name	Birth Date	Biopsy Date
Address		Home Telephone ()	Sex
City	State	Zip Code	
Primary Insurance Type:			
Claims address:			
Subscriber's name:			DOB:
ID #		Group #	
Secondary Insurance (Policyholder name, plan name, address, policy #)			Group #
Clinical Description of Lesion(s)			
Anatomical Source/Clinical Diagnosis of Specimens			
Anatomical Site	Preop/Postop Diagnosis	Check all that apply	
A /		<input type="checkbox"/> Biopsy	<input type="checkbox"/> Excised
		<input type="checkbox"/> Shave	<input type="checkbox"/> Punch
		<input type="checkbox"/> Margin Required	<input type="checkbox"/> Alopecia
B /		<input type="checkbox"/> Biopsy	<input type="checkbox"/> Excised
		<input type="checkbox"/> Shave	<input type="checkbox"/> Punch
		<input type="checkbox"/> Margin Required	<input type="checkbox"/> Alopecia
C /		<input type="checkbox"/> Biopsy	<input type="checkbox"/> Excised
		<input type="checkbox"/> Shave	<input type="checkbox"/> Punch
		<input type="checkbox"/> Margin Required	<input type="checkbox"/> Alopecia
D /		<input type="checkbox"/> Biopsy	<input type="checkbox"/> Excised
		<input type="checkbox"/> Shave	<input type="checkbox"/> Punch
		<input type="checkbox"/> Margin Required	<input type="checkbox"/> Alopecia
Pathological Diagnosis			
Submitting Physician		Phone #	

88304____ 88321____ 88344____
 88305____ 88323____ 88346 x 5____
 88312____ 88342____
 88313____ 88341____

LRB GHT