

Date Received _____	LMC Accession # _____
---------------------	-----------------------

BIOPSY EXAMINATION (PATHOLOGY) REQUEST

Your doctor has determined that you need to have a pathology examination of your biopsy specimen. Lightmic Consulting, LLC will perform a gross & microscopic examination by a board certified Oral Maxillofacial Pathologist, a specialist in the oral maxillofacial complex. Electronic (fax & or .PDF) and written report will be sent to your doctor who will discuss the test results with you.

Forward white original to lab, practice retain yellow copy & pink copy to patient

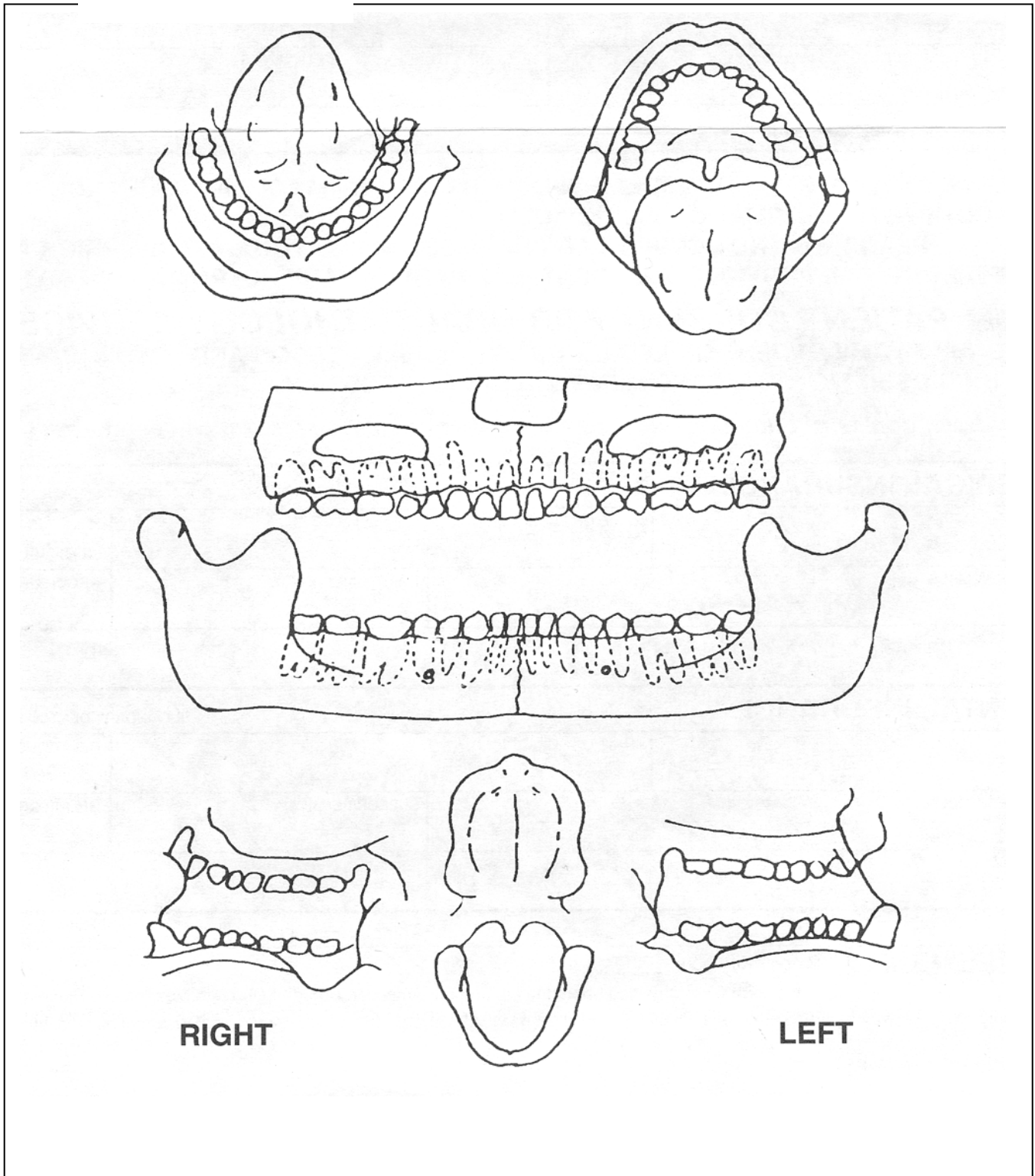
PATIENT	Last Name		First name		Initial	Home Phone	Work Phone	Cell #	
	Patients Address: (apt # if applicable)						City	State & Zip	
	Age	DOB		Gender: [] M - [] F		SSN	email		
	INSURANCE Attach copy of MEDICAL INSURANCE CARDS or fill in below								
	▪ SELF PAY: (1) check, (2) credit card (credit card info destroyed upon completion of case)								
	Insurance Plan Name or Credit Card Type			Name of Subscriber or Card Holder			Relation to Patient: [] Self [] Spouse [] Child		
	Subscriber ID # or Credit Card #			Group or Policy # or CC Expiration Date			Insurance Plan Phone #		
	ALL PATIENTS - PLEASE READ, SIGN BELOW & PATIENT CONTRACT (ATTACHED)								
	You will receive <u>one invoice (includes both diagnostic & technical)</u> upon completion of pathology services (for total or balance) at which time payment is due.								
	I, the undersigned, permit release to my insurance company or agent information concerning this diagnostic analysis. <u>I acknowledge that I am financially responsible for all fees and I am aware payments from medical insurance plans vary.</u> The information provided herein is accurate.								
Parent or guardian signature (if child is under 18 years old) Date:									

REQUESTING DOCTOR - CLINICAL INFORMATION		
Anatomic Diagram on Reverse Side		
<u>Doctor's Name</u> and NPI number if new contributor:		Biopsy date:
Street Address:		City State & Zip
Phone	Fax	Email address
1. Location of lesion:		
2. History & Clinical Information		
3. Clinical Impression:		



Lightmic Consulting
Maxillofacial Pathology & Forensics

Dr Douglas M. Arendt DDS, MS
Diplomate American Board Oral Maxillofacial Pathology



Clinical : 243 Church St. NW, suite 200 A, Vienna, VA. 22180

Correspondance: PO Box 568 Vienna, VA 22183 - Billing (540) 657-8187, tmacbilling@gmail.com

Professional - (703) 281-5970 - (703) 281-6970 (fax) cell (703) 303-1867 lightmic@aol.com

www.lightmicron.com