



Torre Médica San Cristobal Oficina 407-A  
Coto Laurel, PR 00780  
Tel. (787) 842-7981 / Fax. (787) 840-4296

Lab Use Only	
Date Received	Surgical Num.

Lic #. 258-B / CLIA #40D0658176

### SURGICAL PATHOLOGY REQUEST FORM

PATIENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ RECORD # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DOB \_\_\_\_\_ SEX \_\_\_\_\_ S.S. # \_\_\_\_\_

PATIENT'S SIGNATURE \_\_\_\_\_ OPERATION DATE \_\_\_\_\_

\_\_\_\_\_, M.D.

PHYSICIAN'S SIGNATURE

Please Use Medical Insurance Card

- SSS
- IMC
- ASES
- Medicare
- MCS
- Federación
- Other
- Private
- Courtesy

### Clinical Information

**Pertinent Physical Finding:**

**Specimen(s) Submitted (including location)**

Referred by \_\_\_\_\_ M.D.