YOSEMITE PATHOLOGY™
Quality diagnostics for optimum patient care
DERMAQ™ *Dermatopathology*
4301 Northstar Way, Modesto, CA 95356
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www.ypmg.com

NOTE: CA TITLE 17 (SEC. 1050 REQUIRES THE PHYSICIAN TO PROVIDE PATIENT'S DOB, SOURCE OF SPECIMEN, LMP, HISTORY, THERAPY, AND SLIDE/VIAL LABELED APPROPRIATELY - TWO (2) IDENTIFIERS.

Date Collected:	Patient Name:		Birth Date:	Sex:
Street Address/Apt #:		City:	State:	Zip:
Responsible Party Phone #:	Social Security No.:	MRN #:	Physician Performing Procedure:	
Type of Billing: ☐ Patient ☐ Insurance ☐ Medicare ☐ Medi-Cal ☐ Client ☐ Slide Prep Only (Please attach a copy of the front and back of the patients insurance card.)		Diagnosis Codes:	Copy To Physician(s):	

TISSUE(S) SUBMITTED

SPECIMEN 1 **BIOPSY METHOD** ☐Shave ☐Punch ☐Excision ☐Re-excision ☐Prev. Bx MO/YR	ANATOMIC SITE OTHER:	CLINICAL FINDINGS
☐Check Margins ☐IF		
SPECIMEN 2 **BIOPSY METHOD** ☐Shave ☐Punch ☐Excision ☐Re-excision ☐Prev. Bx MO/YR	ANATOMIC SITE 	CLINICAL FINDINGS
☐Check Margins ☐IF	OTHER:	
SPECIMEN 3 **BIOPSY METHOD** ☐Shave ☐Punch ☐Excision ☐Re-excision ☐Prev. Bx MO/YR	ANATOMIC SITE 	CLINICAL FINDINGS
☐Check Margins ☐IF	OTHER:	

SERVICE(S) PERFORMED
(FOR LAB USE ONLY)

YDQ1234567

TISSUES
- ☐ 88300 PATH LEVEL 1 X ___
- ☐ 88302 PATH LEVEL 2 X ___
- ☐ 88304 PATH LEVEL 3 X ___
- ☐ 88305 PATH LEVEL 4 X ___
- ☐ 88307 PATH LEVEL 5 X ___
- ☐ 88309 PATH LEVEL 6 X ___
- ☐ 88329 CONSULT DURING SURG X ___
- ☐ 88331 FROZEN SECTION X ___
- ☐ 88332 ADDL FROZEN X ___
- ☐ 88361 MORPH. TUMOR EXAM X ___
- ☐ 88189 FLOW CYTOMETRY MARKER X ___

STAINS
- ☐ 88311 DECAL X ___
- ☐ 88312 STAIN GRP I X ___
- ☐ 88313 STAIN GRP II X ___
- ☐ 88342 IMMUNOHISTO/EA ANTIGEN X ___
- ☐ 88309 IN SITU HYBRIDIZATION X ___
- ☐ OTHER:
- ☐ 99000 TRANSPORT CHARGE X ___

Pt. Name:_____ Source:_____ YDQ1234567	Pt. Name:_____ Source:_____ YDQ1234567	Pt. Name:_____ Source:_____ YDQ1234567	Pt. Name:_____ Source:_____ YDQ1234567