



UNIVERSITY OF MIAMI  
MILLER SCHOOL  
of MEDICINE

Pathology & Laboratory Medicine

# Surgical Pathology Consultation Request

Don Soffer Clinical Research Center  
Department of Pathology  
1120 NW 14th St, #C1403  
Miami, FL 33136  
Phone: 305-243-7284  
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**Patient Information (please complete all fields)**

Last Name	First Name	MI	Date of Birth (MM/DD/YYYY)	Gender
Street Address		City	State	Zip Code
SSN	Email Address		Phone Number	

**Payment Information**

Send bill to (please select one):  
 Institution  
 Patient Bill Insurance (Include copy of insurance card)  
 Patient Self Pay (Bill will be mailed)

Primary Insurance	Group Number	Policy Number
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Address	City	State	Zip Code	Phone Number
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Name of Policy Holder	Relationship to Patient	Effective Date
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Primary Insurance	Group Number	Policy Number
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Address	City	State	Zip Code	Phone Number
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Name of Policy Holder	Relationship to Patient	Effective Date
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**Ordering Physician/Institution Information**

Name of Requesting Provider	Phone Number	Fax Number
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Provider signature	NPI #	Name of Submitting Institution
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Address	City	State	Zip Code
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**Additional information**

Note(s):

- Please include corresponding pathology reports & physician contact information, name, and signature.
- If a copy of drivers license and insurance card (front and back) or demographic billing sheet is submitted, only patient & physician info sections need to be completed.