# UC SAN DIEGO DERMATOPATHOLOGY LABORATORY


**DEPARTMENT OF DERMATOLOGY**
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SAN DIEGO, CA 92122-0975
TEL: 858-657-1285
FAX: 858-657-1610

**Brian Hinds, MD**
bhinds@ucsd.edu


| *CLINICAL PRACTICE LOCATION:* | *ORDERING PROVIDER:* | *DATE OF SERVICE:* |
|---|---|---|
| *ADDITIONAL COPIES TO:* | *FAX:* | |
| *PATIENT NAME:* | *DATE OF BIRTH:* | *GENDER:* |
| *SSN# or MRN:* | | |

- ***Please attach a copy of the patient's insurance (face sheet or insurance card)***
- ***Please attach the relevant clinical history either using an internal biopsy requisition form from your clinic or by utilizing the form below.***

A) ☐ **PUNCH BX** ☐ **SHAVE BX** ☐ **EXCISION OR OTHER/SPECIFY:**
**ANATOMICAL SITE:** ____________________
**CLINICAL DIAGNOSIS / DESCRIPTION:** ____________________
____________________

B) ☐ **PUNCH BX** ☐ **SHAVE BX** ☐ **SLIDE CONSULTATION OR OTHER/SPECIFY:**
**ANATOMICAL SITE:** ____________________
**CLINICAL DIAGNOSIS / DESCRIPTION:**
____________________

C) ☐ **PUNCH BX** ☐ **SHAVE BX** ☐ **EXCISION OR OTHER/SPECIFY:**
**ANATOMICAL SITE:** ____________________
**CLINICAL DIAGNOSIS / DESCRIPTION:**
____________________

D) ☐ **PUNCH BX** ☐ **SHAVE BX** ☐ **EXCISION OR OTHER/SPECIFY:**
**ANATOMICAL SITE:** ____________________
**CLINICAL DIAGNOSIS / DESCRIPTION:**
____________________

***PLEASE SEND ANY ADDITIONAL OR SUPPORTING INFORMATION VIA FAX: 858-657-1610***

If questions remain, please feel free to contact our Dermatopathology Coordinator for assistance:

Jennymelva Moral, Administrative II

*858-657-1285*

*j1moral@ucsd.edu*

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**FOR OFFICIAL UCSD DERMATOPATHOLOGY LABORATORY USE ONLY:**

**RECEIVED DATE:** ____________________

**UCSD MRN:** ____________________

UNIVERSITY of CALIFORNIA, SAN DIEGO
MEDICAL CENTER THE power OF EXCELLENCE