

MedPath Diagnostics

Medical Pathology Laboratory

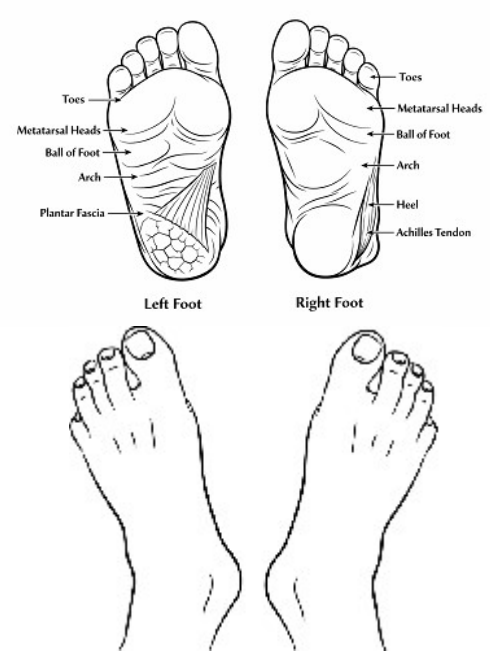
1735 North Ocean Ave, Medford, NY 11763

Podiatry Form

Requisition #:

Requesting Physician	Patient Information	Billing Information
.....	Name: DOB: Gender: <input type="checkbox"/> M / <input type="checkbox"/> F Address: Tel:	Insurance:..... Insured Name: Member ID: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Referring Physician	Medical Record	Specimen Collection
Name:	EMR:	Date:
Pertinent Clinical Information:	Authorized Person ID: (NPI)	CD-10 Code:

NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm Higher)	Parts	Specimen Description:
Sensitivity and melanin screen (PAS/GMS/FM)	A B C D	A-
<input type="checkbox"/> (Dematiaceous fungi / Melanoma)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B-
<input type="checkbox"/> Higher Sensitivity (PAS/GMS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C-
<input type="checkbox"/> Routine (PAS)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D-
INFECTIOUS ONYCHODYSTROPHY: ORGANISE IDENTIFICATION		
<input type="checkbox"/> Typically added to above stain(s), DRY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> PCR (2 Days) OR Culture (2 – 4 weeks)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
NEOPLASIA		
<input type="checkbox"/> Pigmented Streak/Lesion (R/O Melanoma)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Non-Pigmented Lesion (Verruca / R/O Carcinoma)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SKIN		
<input type="checkbox"/> Pigmented Lesion (Rule out Melanoma)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Non-Pigmented Lesion (Verruca/Rule out Carcinoma)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Dermatitis (Eczematous/Tinea)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Ulceration (Malignancy/Vasculitis)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SOFT TISSUE		
<input type="checkbox"/> Tumor (Ganglion/Lipoma/Sarcoma)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Inflammatory (Tophus/Abscess)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
BONE		
<input type="checkbox"/> Arthritis (HAV/Hammer Toes/DJD/Exostosis)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Lytic, destructive (Osteomyelitis/Neoplasm)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Micro (Aerobic /Anaerobic) No Formalin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SKIN MOLECULAR/DNA		
<input type="checkbox"/> WEB SPACE PANEL (Skin scraping, submit DRY)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Tinea, erythrasma, Candidal intertrigo, bacterial infection	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CYTOLOGY/FLUID/CRYSTAL ANALYSIS		
<input type="checkbox"/> Aspiration Crystal Analysis (fresh or in ETOH)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Aspiration Tumor (Ganglion I Cyst)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
BACTERIOLOGY SWAB		
<input type="checkbox"/> Aerobic Cx/Sensitivity/Gram**	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Aerobic/Anaerobic Cx/Sensitivity/Gram"	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> **Both may be performed with ESW	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



Procedures: biopsy punch shave curetting other

Specimen Orientation: Anterior (Ventral), Posterior (Dorsal), Superior, Inferior, Medial, Lateral, Proximal, Distal, Superficial, Deep