

CUNNINGHAM PATHOLOGY, LLC

924 MONTCLAIR ROAD, SUITE 200  
BIRMINGHAM, AL 35213  
Birmingham 205-591-7999 • Tuscaloosa 205-752-8576

Embossing Area



081687891

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NAME _____	NAME _____	NAME _____	NAME _____
SITE _____	SITE _____	SITE _____	SITE _____

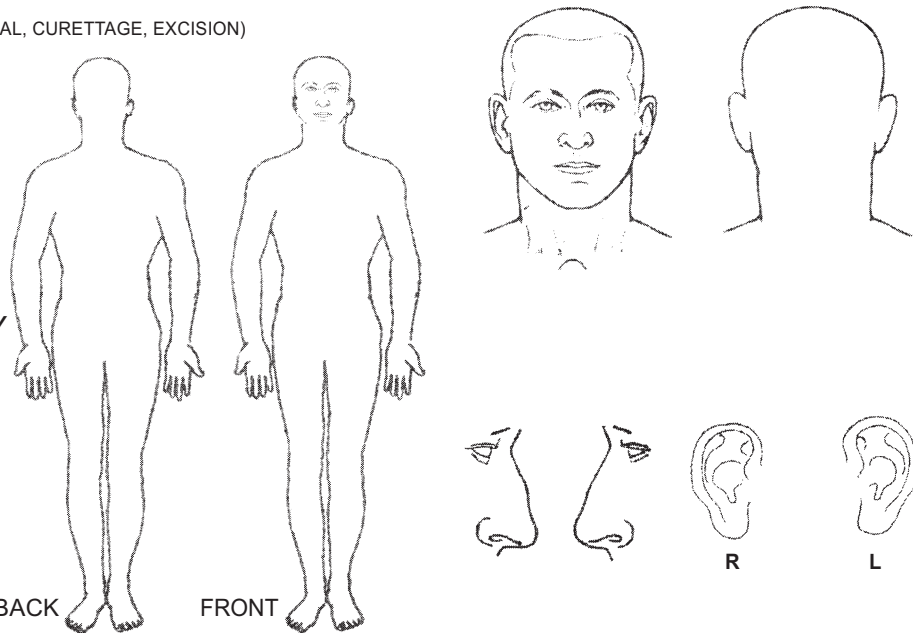
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FORM # CPO1B - 9/07

EASTERN BUSINESS FORMS, INC. BIRMINGHAM, AL (205) 822-6504

Patient Information												
Social Security Number			Date of Birth		Last Name			First Name			Middle Initial	
Street Address				City		State	Zip Code	Telephone Number		Sex	Marital Status	
Inpatient or Outpatient?		Room or Visit Number			Medical Record or Account Number			Date of Service & Time				
Attending Physician			Requesting Physician		Physician's Signature			ICD9 Codes				
Responsible Party / Primary Insurance						Attach All Billing Information or Complete Below						
Relationship to Insured		Social Security Number		Date of Birth		Last Name			First Name		M.I.	
<input type="radio"/> Self <input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other		Street Address				City		State	Zip Code	Sex	Marital Status	
Telephone Number	Work Number	Employer			Employer Address			City		State	Zip Code	
Insurance Plan			Group Number			Contract Number			Effective Date			
Other Insurance												
Relationship to Insured		Insurance Plan		Group Number		Contract Number			Effective Date			
<input type="radio"/> Self <input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other		Subscriber SSN		Date of Birth		Subscriber Last Name			First Name		M.I.	
Street Address			City		State	Zip Code	Telephone Number		Work Telephone Number			
Sex	Employer		Employer Address			City		State	Zip Code			
DERMATOPATHOLOGY												

SITE(S), OPERATIVE PROCEDURE (PUNCH, TANGENTIAL, CURETTAGE, EXCISION)



CLINICAL DIAGNOSIS AND CLINICAL HISTORY

MARGINS REQUESTED

ADVANCE BENEFICIARY NOTICE (ABN)  
PLEASE ATTACH COMPLETED AND SIGNED ABN FORM.  
FORWARD TO CUNNINGHAM PATHOLOGY WITH SPECIMEN.