

Accession #: _____

Date received: _____



University of Iowa Surgical Oral Pathology Laboratory

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www.dentistry.uiowa.edu/oprm/

Surgical Oral Pathology Request form

Part B – Provider Information

Provider name _____

Office name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Fax/Email report to: _____

Part A – Patient Information

Patient Name _____
Last First Initial

Address _____

City _____ State _____ Zip _____

*** Date of Birth _____ Sex _____

Phone Number _____

For all patients under age 18: Guarantor's Name _____ Guarantor's DOB: _____

Part C – Clinical Data

Date of Biopsy: _____

Summary of Clinical Findings: _____

Radiographic Findings: _____

Clinical Impression: _____

Nature of Operation: _____

Fixative: 10% formalin other _____

To submit images electronically: [click here](#)

Files uploaded:
 Clinical Photographs
 Radiographs
 CBCT

Indicate location of lesion on graphic:

Part D – Insurance Information -- Please send a copy of the patient's MEDICAL insurance cards (front and back).

Notice to patient regarding billing:
 In addition to fees charged by your practitioner for the evaluation and biopsy of your oral lesion, a fee will be charged by the institution performing the tissue preparation, microscopic evaluation, and diagnosis; the University of Iowa College of Dentistry Department of Oral Pathology. The bill will be submitted to your medical insurance, if provided, and the portion of the fees not covered by your insurance will be billed to you by the business office of the University of Iowa College of Dentistry.

I acknowledge my responsibility for fees charged by the University of Iowa College of Dentistry Department of Oral Pathology.

Signed name _____ Date _____

To submit to patient's insurance:
 Please enclose a copy of the front and back of the patient's MEDICAL insurance card, or a printout of patient information. Please provide the following information:

Name of Subscriber: _____
 Subscriber's DOB: _____
 Relationship to Patient: _____
 Copy of insurance enclosed No insurance

We CANNOT process insurance without the subscriber's name & date of birth