

# Specimen Requisition Form | McClain Laboratories LLC | Steve A. McClain, MD

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Physician

Address

City  State  Zip  -

Phone (  )  -  ext  Fax (  )  -

*Lab use only*

Last Name  First Name  Date of Birth  /  /  Sex M  F

Medical Record/Other ID#  Social Security #  -  -  Date  /  /  Time  :

Address

1st Ins. Co.:  Policy#

Relation to primary insured: self  spouse  dependant  other   Group#

Name of primary insured (if different from patient): Last:  First:

2nd Ins. Co.:  Policy#

Relation to primary insured: self  spouse  dependant  other   Group#

Name of primary insured (if different from patient): Last:  First:

<b>A</b>	Site <input type="text"/>	Biopsy Type: punch <input type="radio"/> shave <input type="radio"/> ellipse <input type="radio"/> excision <input type="radio"/> curette <input type="radio"/> other <input type="radio"/> <input type="text"/>
Clinical impression, description and duration: <input style="width: 100%; height: 40px;" type="text"/>		Lab notes: <input style="width: 100%; height: 40px;" type="text"/>
<b>B</b>	Site <input type="text"/>	Biopsy Type: punch <input type="radio"/> shave <input type="radio"/> ellipse <input type="radio"/> excision <input type="radio"/> curette <input type="radio"/> other <input type="radio"/> <input type="text"/>
Clinical impression, description and duration: <input style="width: 100%; height: 40px;" type="text"/>		Lab notes: <input style="width: 100%; height: 40px;" type="text"/>
<b>C</b>	Site <input type="text"/>	Biopsy Type: punch <input type="radio"/> shave <input type="radio"/> ellipse <input type="radio"/> excision <input type="radio"/> curette <input type="radio"/> other <input type="radio"/> <input type="text"/>
Clinical impression, description and duration: <input style="width: 100%; height: 40px;" type="text"/>		Lab notes: <input style="width: 100%; height: 40px;" type="text"/>
<b>D</b>	Site <input type="text"/>	Biopsy Type: punch <input type="radio"/> shave <input type="radio"/> ellipse <input type="radio"/> excision <input type="radio"/> curette <input type="radio"/> other <input type="radio"/> <input type="text"/>
Clinical impression, description and duration: <input style="width: 100%; height: 40px;" type="text"/>		Lab notes: <input style="width: 100%; height: 40px;" type="text"/>