

Date/Material Sent: _____

PATIENT'S INFORMATION (SOFTLAB REGISTER IA #R7251)

Name: _____ Date of Birth: ____/____/____

Gender ____ Race _____ Address: _____

Referring Physician's Full Name: _____ **Signature:** _____

Hospital/Facility: _____

Address: _____

City: _____ State: _____ ZipCode: _____

PHONE: _____ FAX: _____

CONSULTATION MATERIAL RECEIVED

Surgical

Slides Blocks Others _____ Surgical Pathology Report

Cytology

Slides Cell Blocks Others _____ Cytology Report

CLINICAL DIAGNOSIS

CLINICAL HISTORY

Patient Label

**TO MAIL SPECIMEN
(PLEASE SECURELY CLOSE AND SEND TO):
Houston Methodist Diagnostic Laboratories
6565 Fannin St., Dunn Tower
Second Floor, D2-109
Houston, TX 77030
Phone: 713-441-4411**