

Diagnostic Pathology Laboratory

Department of Oral and Maxillofacial Pathology, Radiology and Medicine
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Patient's Name _____

Address _____ Date of Birth ____/____/____ Gender: __M __F

Phone Number _____

Patient's Insurance (Please include front and back copy of medical insurance card.)

Medicare # _____ Medicaid # _____ Exp. date _____

Insurance carrier and ID# _____

Doctor's Name _____ Phone number _____

Address _____ Fax Number _____

Date of Biopsy: ____/____/____ Location of Lesion: _____

Duration of Lesion: _____ Incisional biopsy ____ Excision ____ Smear ____

Clinical History/Previous Biopsy:

Description of lesion:

Radiographic Findings:

CLINICAL DIAGNOSIS: _____ ICD 10 Diagnosis Code: _____

When ordering tests for Medicare/Medicaid patients, providers should only order tests that are medically necessary for diagnosis or treatment. Payment may be denied for a test the physician/dentist believes is appropriate, such as a screening test, but does not meet Medicare definition of Medical necessity.

PATIENT INFORMATION
(Please give to the patient)

Your doctor has just removed tissue from your mouth for diagnosis. This tissue will be sent to the Diagnostic Pathology Laboratory at NYU College of Dentistry for microscopic exam and definitive diagnosis.

1. The microscopic exam is a separate fee from your doctor's fee for treatment.
2. The pathology report will be sent directly to your doctor.
3. You will be billed directly by the laboratory and the fee is usually covered by your medical insurance (not dental insurance).