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# Consultation/Materials Request Form

Also available online at [www.aipathology.com](http://www.aipathology.com), Test Directory, Request & Forms

Today's Date: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

Patient's Name and DOB: \_\_\_\_\_

Accession #: \_\_\_\_\_

Please check one:

- Consultation at AIP
- Consultation at outside facility (please verify facility below)
- Patient Appointment/Date: \_\_\_\_\_

Please include a FedEx shipping label or your FedEx account number if no is courier available.

Thank you!

FedEx Account #: \_\_\_\_\_

Facility Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facility Phone number: \_\_\_\_\_ Attention: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By checking this box, I understand any charges associated with this consultation may be billed to my facility.

Physician's Signature: \_\_\_\_\_