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Sarah Sewall, M.D.

Consultation/Materials Request Form

Also available online at 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: _____