

Alomere Health Department of Pathology

111 - 17th Avenue · Alexandria, MN 56308
Ph: 320-762-6068 · Fax: 320-762-6145

Pathology # _____

Facility Name: (Hospital, Clinic, Physician Office) _____ Date _____

PATIENT NAME: (last) _____ (first) _____ (middle) _____

Address _____ City _____ State _____

Zip Code _____ Patient Phone # _____

Date of Birth _____ Age _____ Sex _____ Physician / Surgeon _____

SS# _____ Medicare # _____ M.A. # _____

Other Insurance _____ Policy # _____ Group # _____

CLINICAL DIAGNOSIS _____ ICD - 10 CODE _____

SPECIMEN _____

CLINICAL DATA _____

TIME IN FORMALIN _____

Provider Signature