

Corewell Health Pathology Consults

35 Michigan St. MC056 PATHOLOGY Grand Rapids, MI 49503
 Phone: 616-267-2660 Fax: 616-267-2661 Call Center Phone: 616-774-7721



We require a valid written order. Please fax this order to this service site immediately to ensure the best patient care:

Corewell Health Orders Department: 616-774-7696

Patient Information	Last Name		First Name	MI	Sending Institution	Institution Name		Institution Phone		
	Sex	Date of Birth		Phone		Contact Name		Contact Phone		
	Patient Address					Institution Address				
	City		State	Zip		City		State	Zip	

Send Reports to	Requesting Physician (Primary):			Phone	Fax	NPI #
	Referring Physician/Surgeon:			Phone	Fax	NPI #
	Referring Pathologist:			Phone	Fax	NPI #

Billing Information	Payment Options: <input type="checkbox"/> Patient Insurance (outpatient) <input type="checkbox"/> Self-Pay (no insurance) <input type="checkbox"/> Institutional <input type="checkbox"/> Client Specialty Billing						
	Primary Insurance			Secondary Insurance			
	ID/Policy #		Group #	ID/Policy #		Group #	
	Insurance address		Phone	Insurance address		Phone	
	City/State/Zip			City/State/Zip			
	Insured's Name		DOB	Relation to Pt:	Insured's Name		DOB
Signs/Symptoms/Reason for doing Procedure/ICD10 Code: <small>(Note: "Rule Out" "Possible" "Suspected" or "Probable" cannot be used as diagnoses for outpatient lab orders)</small>							

Pathology Consult LAB1230850

Required Questions:
How would you like to be contacted?
<input type="checkbox"/> Phone/Pager: <input type="checkbox"/> Email:
Have you spoken to a Pathologist already about this patient?
<input type="checkbox"/> No <input type="checkbox"/> Yes, Name of Pathologist:
Is there a specific pathologist you would wish to speak to*?
What is the general topic or question that you are hoping to have answered for this consult?
This pathology consult form is for routine consults. If this is an urgent matter please contact the lab call center 616-774-7721 to contact the on-call Pathologist
Physician Signature Required
Signature: _____ Date: _____