Dynacare

STAT

Oral and Maxillofacial Pathology

750 Peter Morand Cres, Ottawa, ON, K1G 6S4
800.565.5721

Ordering Instructions

Call 888.988.1888 to order oral pathology kit. Please have your credit card and address information available. A receipt will be sent by mail.
For general inquiries or questions about an existing order, please call 800.565.5721 or e-mail OralPathology@dynacare.ca

Requisitioning Clinic/Practitioner	DATA ENTRY INSTRUCTIONS: TEST CODE "DPAT"	Histology Reference Number
Name: (# 888745) Address: T: F:	1. Enter practitioner number 888745 2. Enter client number 5810 3. Enter P in billing types	
Contact number of Physician for Urgent Result ( ) Ext.	Special Remarks: Please fax results to:	
Private Client #: 5810	CLIENT INSTRUCTIONS Identify formalin container with patient's name, date of birth and biopsy site. Sex ☐ M ☐ F Date of Birth yyyy mm dd Service Date yyyy mm dd	
Copy to Clinician / Practitione ☐ Name: Address:	Patient's Last Name: Patient's First Name: Patient's Middle Name: Patient's Address: Postal code:	
	Patient's Telephone Contact Number: ( ) Ext.	
Patient's Chart Number:	Specimen Collection Time : hr. ☐ AM ☐ PM	Specimen Collection Date: yyyy mm dd

Biopsy Number	1	2	3	4	5
Anatomic Site of Biopsy					

Relevant Clinical History (i.e. radiographic or clinical description, history of cancer, etc.)

Diagnosis:

	Specimen Collection Date: yyyy mm dd	Gross By:
Clinician / Practicitioner Signature		

Gross Description:
(For lab use only)

Lab use only

Dx Codes					

Revision #: 2 Originator/Opt: Issue Date: Effective Date: Form:
November 26, 2018