

Payam Abrishami, M.D., Inc.  
29525 Canwood Street, Suite 109  
Agoura Hills, CA 91301  
Tel 818.338.7097  
Fax 818.338.7099  
CLIA ID 05D1084547

# Abrishami

## Dermatopathology

### Requisition Form

Payam Abrishami, M.D., Director  
Board Certified Dermatologist  
Board Certified Dermatopathologist  
California Medical License A86627

Accession #: A- \_\_\_\_\_ Date of Biopsy: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_  
Patient Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M / F  
\_\_\_\_\_  
 Bill Insurance  Bill Doctor  Bill Patient  
Requesting Clinician: \_\_\_\_\_

\*\*If the biopsy represents a portion of a larger lesion, provide the size of the entire lesion also.

A: \_\_\_\_\_ Bx Size: \_\_\_\_\_ mm Lesion Size: \_\_\_\_\_ mm  
Bx Type:  Shave  Punch  Curetting / Nail  Mohs Debulk  Check Margins  
 Tangential Excision  Primary Excision  Exc of Bx-proven.\*\*\*

Clinical Diagnosis:

88304 88305 88312 88342

B: \_\_\_\_\_ Bx Size: \_\_\_\_\_ mm Lesion Size: \_\_\_\_\_ mm  
Bx Type:  Shave  Punch  Curetting / Nail  Mohs Debulk  Check Margins  
 Tangential Excision  Primary Excision  Exc of Bx-proven.\*\*\*

Clinical Diagnosis:

88304 88305 88312 88342

C: \_\_\_\_\_ Bx Size: \_\_\_\_\_ mm Lesion Size: \_\_\_\_\_ mm  
Bx Type:  Shave  Punch  Curetting / Nail  Mohs Debulk  Check Margins  
 Tangential Excision  Primary Excision  Exc of Bx-proven.\*\*\*

Clinical Diagnosis:

88304 88305 88312 88342

D: \_\_\_\_\_ Bx Size: \_\_\_\_\_ mm Lesion Size: \_\_\_\_\_ mm  
Bx Type:  Shave  Punch  Curetting / Nail  Mohs Debulk  Check Margins  
 Tangential Excision  Primary Excision  Exc of Bx-proven.\*\*\*  PAS  Gram

Clinical Diagnosis:

88304 88305 88312 88342

\*\*\*Please include important prior biopsy information / accession number, when available.