



Heartland
Pathology
Consultants, PC

3509 French Park Drive, Suite D
Edmond, OK 73034

Phone: 405.715.4500
Fax: 405.715.4519

REQUEST FOR SLIDES

Please complete the Blank Fields and fax request back to 405.715.4519

Date/Time of Request _____
Person requesting _____ Phone: _____

Patient Name _____ Our Case # _____
Patient DOB _____

Purpose of Request (Select One)

- | | |
|---|--|
| <input type="checkbox"/> Comparison with New Case | <input type="checkbox"/> Second Opinion |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Tumor Board |
| <input type="checkbox"/> Review | <input type="checkbox"/> Patient Request |
| <input type="checkbox"/> Immunos/Additional Testing | <input type="checkbox"/> Legal Case |
| <input type="checkbox"/> Other _____ | |

Send Material To:

Attention (Physician or other Medical Personnel): _____
Requesting Facility _____
Address _____

City, State, Zip _____
Contact Person _____ Phone _____

Method of Delivery (Select one)

- US Mail
- Fed Ex (Acct#) _____
- UPS (Acct#) _____
- Contact phone# to notify when material is ready for pick-up: _____
- Patient Appointment Date _____
- Other _____

Material Requested/Other Info _____

