



COCO PATH

399 Taylor Blvd., Suite 200
Pleasant Hill, CA 94523
Phone (925) 270-3575 Fax (925) 270-3589
www.cocopath.net



UROLOGY TEST REQUISITION

CONTRA COSTA PATHOLOGY ASSOCIATES

Nicholas Byrne, M.D. Seong Ra, M.D.
Michael Cascio, M.D. Risha Ramdall, M.D.
Dennis Hwang, M.D. Nader Shihabi, M.D.
Barry Latner, M.D. David Zlotnick, M.D.

PATIENT INFORMATION
Last Name, First Name, COLLECTION DATE, Date of Birth, [] Male [] Female, COLLECTION TIME, TIME PLACED IN FORMALIN, Address, ORDERING PHYSICIAN NAME (Last, First) PLEASE PRINT, City, State, Zip, PHYSICIAN OFFICE INFORMATION, Home Number, Work Number, BILLING ATTACH BOTH SIDES OF ALL INSURANCE CARDS, DIAGNOSIS ICD10, COPIES TO: NAME / FAX

MEDICARE PATIENTS: THE ADVANCE BENEFICIARY NOTE IF REQUIRED, MUST BE COMPLETED, SIGNED BY THE PATIENT AND ATTACHED

Specimen Information, Collection Date MM / DD / YYYY, Collection Time HH : MM AM PM, PROSTATE BIOPSY CLINICAL INFORMATION, OTHER PATHOLOGY, BLADDER BIOPSY, URINE, Diagram of prostate gland with biopsy locations (Lateral Base, Medial Base, Lateral Mid, Medial Mid, Lateral Apex, Medial Apex) and a legend for L, R, and Other sites.