



Pathologists Diagnostic Laboratory, PA
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Winston Salem, NC 27103
Phone: (336) 718-5856 Fax: (336) 718-9259

CONSULTATION REQUEST AUTHORIZATION FORM

Pathologists Diagnostic Laboratory, PA must have written authorization prior to sending patients' slides for external pathology consultation as indicated below.

Patient Name: _____

Accession #: _____

Date: _____ **Time:** _____

Physician / Office Rep Name: _____

Phone #: _____ **Fax #:** _____

Your signature below confirms your authorization for pathology consultation

by: _____

[Enter the name of consulting pathologist or pathology group]

Send to Address: _____

Signature of physician or authorized designee (**required**)

X _____

If slides are to be sent via FedEx, please provide your FedEx account # below

Acct #: _____

**** Please fax completed form to: (336) 718-9259**