



**CELLIGENT
DIAGNOSTICS**

101 East W.T. Harris Blvd.
Suite 1212
Charlotte, NC 28262

Name Change for
Pathology Associates Services

Phone: 704-549-8444
800-524-6779
Fax: 704-549-0559

CONSULTATION REQUEST

Patient Name (Last, First, MI)			Facility ID		Facility Name	
Street Address			Submitting Physician			
City		State	Zip		Mailing Address	
SS#	DOB	Sex M F		City	State	Zip
Hospital ID		Telephone No.		Phone:		
				Fax:		
Billing: Bill Facility		Bill Patient		Bill Patient's Insurance (attach information)		
Comments regarding billing:						
Facility Case Number:		Slides _____		Blocks _____		Other specimens:
		Number				
Date:		Pathologist:				
Case History (or include a separate enclosure letter):						