

PHYSICIAN/CLINIC INFORMATION

LAB  
 USE  
 ONLY

DATE COLLECTED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME COLLECTED \_\_\_\_

BILL:  INSURANCE  PATIENT

**PATIENT INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_ SEX \_\_\_\_ PATIENT ID \_\_\_\_\_

Biomechanical Correlation (Plantar Skin)

**BILLING/INSURANCE INFORMATION (Attach a copy of primary / secondary insurance cards – both sides)**

SUBSCRIBER NAME/RELATIONSHIP TO SUBSCRIBER:  Self  Spouse  Dependent INSURANCE NAME \_\_\_\_\_

MEMBER ID: \_\_\_\_\_ ADDRESS \_\_\_\_\_

GROUP/CONTRACT # \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**ADDITIONAL CLINICAL INFORMATION/DIAGNOSIS CODES (if a clinical image is available, please print and attach or submit digitally)**

|   |   |   |  |
|---|---|---|--|
| <p><b>A</b> Name: _____</p> <p>Site: _____</p> <p><input type="checkbox"/> Clinical image submitted to<br/> <a href="https://images.cutisdx.com">HTTPS://IMAGES.CUTISDX.COM</a></p> | <p><b>A</b></p> <p><input type="checkbox"/> Margins?</p> <p><input type="checkbox"/> Excision</p> <p><input type="checkbox"/> Shave</p> <p><input type="checkbox"/> Punch</p> <p><input type="checkbox"/> Other</p> | <p><b>SKIN</b></p> <p><input type="checkbox"/> Pigmented Lesion (Rule out Melanoma)</p> <p><input type="checkbox"/> Non-Pigmented Lesion (Verruca/Rule out Carcinoma)</p> <p><input type="checkbox"/> Dermatitis (Eczematous/Tinea)</p> <p><input type="checkbox"/> Ulceration (Malignancy/Vasculitis)</p> <p><input type="checkbox"/> Other: _____</p> | <p><input type="checkbox"/> COMPREHENSIVE NAIL ANALYSIS (PAS/GMS/FM/PCR)-Submitted Dry</p> <p>NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)</p> <p><input type="checkbox"/> Higher Sensitivity and Melanin Screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma)</p> <p><input type="checkbox"/> Higher Sensitivity (PAS/GMS)</p> <p><input type="checkbox"/> Routine (PAS)</p> <p>FUNGAL SPECIATION / ORGANISM IDENTIFICATION (Typically added to above stain(s), submitted dry)</p> <p><input type="checkbox"/> PCR (2 days) or <input type="checkbox"/> Culture (2-4 weeks)</p> <p>NEOPLASIA</p> <p><input type="checkbox"/> Pigmented Streak / Lesion (R/O Melanoma)</p> <p><input type="checkbox"/> Non-Pigmented / Lesion (Verruca / R/O Carcinoma)</p> |
|---|---|---|--|

Clinical Information: \_\_\_\_\_

**ICD-10**  
 \_\_\_\_\_  
 \_\_\_\_\_

|   |   |   |  |
|---|---|---|--|
| <p><b>B</b> Name: _____</p> <p>Site: _____</p> <p><input type="checkbox"/> Clinical image submitted to<br/> <a href="https://images.cutisdx.com">HTTPS://IMAGES.CUTISDX.COM</a></p> | <p><b>B</b></p> <p><input type="checkbox"/> Margins?</p> <p><input type="checkbox"/> Excision</p> <p><input type="checkbox"/> Shave</p> <p><input type="checkbox"/> Punch</p> <p><input type="checkbox"/> Other</p> | <p><b>SKIN</b></p> <p><input type="checkbox"/> Pigmented Lesion (Rule out Melanoma)</p> <p><input type="checkbox"/> Non-Pigmented Lesion (Verruca/Rule out Carcinoma)</p> <p><input type="checkbox"/> Dermatitis (Eczematous/Tinea)</p> <p><input type="checkbox"/> Ulceration (Malignancy/Vasculitis)</p> <p><input type="checkbox"/> Other: _____</p> | <p><input type="checkbox"/> COMPREHENSIVE NAIL ANALYSIS (PAS/GMS/FM/PCR)-Submitted Dry</p> <p>NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)</p> <p><input type="checkbox"/> Higher Sensitivity and Melanin Screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma)</p> <p><input type="checkbox"/> Higher Sensitivity (PAS/GMS)</p> <p><input type="checkbox"/> Routine (PAS)</p> <p>FUNGAL SPECIATION / ORGANISM IDENTIFICATION (Typically added to above stain(s), submitted dry)</p> <p><input type="checkbox"/> PCR (2 days) or <input type="checkbox"/> Culture (2-4 weeks)</p> <p>NEOPLASIA</p> <p><input type="checkbox"/> Pigmented Streak / Lesion (R/O Melanoma)</p> <p><input type="checkbox"/> Non-Pigmented / Lesion (Verruca / R/O Carcinoma)</p> |
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| <p><b>PHYSICIAN SIGNATURE</b></p> <p>The requested test(s) is/are medically indicated for patient management.</p> <p style="text-align: center; color: red; font-weight: bold;">SIGNATURE REQUIRED</p> | <p><b>PATIENT SIGNATURE</b></p> <p>I authorize Cutis Diagnostics to bill my insurance.</p> <p>SIGNATURE _____ DATE ____ / ____ / ____</p> |
|--|---|