



# ConfirmPath LLC

7422 EAGLE LEDGE,  
SAN ANTONIO, TX 78249  
Tel (586) 945-4436, Fax (210) 568-9062

## ConfirmPath LLC Service Request Form

Please provide the following information for the evaluation of your case. Please be as complete as possible, providing accurate information is necessary and crucial to reach the correct diagnosis. Leave a blank space whenever that item does not apply to your case.

**Please mail the completed form to:**

**ConfirmPath LLC, CPLC 973  
7422 EAGLE LEDGE  
SAN ANTONIO, TX 78249**

### Patient Information

Name: \_\_\_\_\_  
Last First Middle Initial

Name on the pathology report (if different): \_\_\_\_\_  
Last First

Date of Birth: (MM, DD, YEAR) ( \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ )

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax (if available): \_\_\_\_\_

### Referring physician (treating physician):

Physician Name: \_\_\_\_\_

Location: Institution/Office Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax (if known) : \_\_\_\_\_

Referred for: \_\_\_\_\_

Initials \_\_\_\_\_



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**Procedure:**

The procedure performed: \_\_\_\_\_

Performed by: \_\_\_\_\_, on (MM/DD/YEAR): \_\_\_\_\_

Location: Institution/office: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax (if known): \_\_\_\_\_

**Additional Information or Concerns (if applies to your case):**

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**Release Authorization Form**

I authorize ConfirmPath LLC to obtain all my pathology slides, reports and other pertinent medical information in order to provide a formal review. This includes, but not limited to, pathology slides, radiology reports, surgical reports including any clinical information deemed important in forming a medical decision in your case.

PLEASE TYPE OR PRINT CLEARLY

PRINT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Initials \_\_\_\_\_



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### QUICK CKECK LIST:

\_\_\_\_\_ This filled form (3 pages with initials at the bottom of each page).

\_\_\_\_\_ A check or money order in the amount of:

For cases with glass slides:

- \$150.00 per case (the slides are included in my package)
- \$175.00 per case (the slides are not included; ConfirmPath will obtain the slides for me)

For cases with no glass slides:

- \$150.00 per report (the report/reports are included in my package, otherwise ConfirmPath will obtain them by fax)

**Note for International Patients:** The patient is responsible for delivering the slides to ConfirmPath for consultation. Additional charge will be determined if the slides are requested to be shipped internationally after the review. The case for international patients will be processed only after the check or money order has been cleared.

## ConfirmPath LLC.

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BY SIGNING THE ABOVE FORM YOU CERTIFY UNDER THE PENALTY OF LAW THAT YOU ARE THE PERSON WHOSE NAME IS PRINTED ABOVE. PATIENT MEDICAL INFORMATION IS PRIVILEGED INFORMATION. SUBMITTING FALSE INFORMATION OR FALSE SIGNATURE IS A FRAUDULENT PRACTICE AND VIOLATION OF LAW. SUBMITTING THIS FORM IN ORDER TO OBTAIN PATIENT PRIVILEGED MEDICAL INFORMATION BY AN UNAUTHORIZED PERSON IS AN ILLEGAL ACT. CONFIRMPATH LLC MAY CONSIDER YOUR CASE TO REQUIRE AN EXPERTISE NOT AVAILABLE AT CONFIRMPATH LLC, IN THIS CASE YOU ARE ALSO AUTHORIZING CONFIRMPATH LLC TO SEND OUT YOUR PATHOLOGY SLIDES TO A SPECIALIZED PATHOLOGIST IN THE FIELD OF YOUR CASE FOR REVIEW AND TO OBTAIN PATHOLOGY REPORT, IN SUCH CASES CONFIRMPATH LLC WILL PASS TO YOU 'THE PATIENT' THE SPECIALIZED PATHOLOGIST'S REPORT AND CONFIRMPATH LLC WILL HAVE THE DISCRETION TO ISSUE OR NOT ISSUE ITS OWN REPORT. THIS SERVICE WILL NOT INCUR EXTRA CHARGES FOR YOU AND CONFIRMPATH LLC WILL BE RESPONSIBLE FOR THE CHARGES OF THE SPECIALIZED PATHOLOGIST REVIEW. 7/18/09

Initials \_\_\_\_\_