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AUTHORIZATION FOR RELEASE OF SLIDE/PATHOLOGY REPORT

Patient Name:
Case Number/Date of service:
Birth Date:

Requester's Name:

Address:

Phone:

Relation to the patient: a. self
b. spouse, parents or others:
c. physician

Name, phone & address to be sent: FedEx or UPS #:

Purpose of this release:

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Signature of the requester: Date:

Print name:

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Enclosed please find H&E slide and staining slides. These slides must be returned to AW Dermatopathology at your earliest convenience.