

**PATIENT DEMOGRAPHIC**

(Please complete this form and return along with related Pathology report (s) and material (s)  
Patient's Name (s) and Date of Birth must match report (s) and appear as entered on legal documents such as  
passports and/or driver's license. Copies of legal documents are also helpful.)

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
ADDRESS:				
CITY:	STATE/COUNTRY:		ZIP/COUNTRY CODE:	
PHONE:	FAX:		EMAIL:	
Date of Birth: Month/Day/Year	MARITAL STATUS: Married <input type="checkbox"/> Single <input type="checkbox"/>		GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	

**PHYSICIAN**

(Please provide complete mailing address of physician in which to forward patient report)

NAME:				
SPECIALTY:				
ADDRESS:			SUITE:	
CITY:	STATE/COUNTRY:		ZIP/COUNTRY CODE:	
PHONE:	FAX:		EMAIL:	

**Financial Obligations**

Below are the services that we provide, along with the estimated minimum cost. **IMPORTANT** - Reviews cannot be processed without credit card payment information. By providing this information, you are authorizing Pathology to post charges to your credit card (s) without having to provide you with advanced notification of charges being made.

**Please note that any incomplete patient or billing information will delay processing of your request.**

**Service**

Reading of pathology materials by a pathologist with completed and typed report.

**Estimated Cost**

Minimum \$272 and as high as \$3000 + as it relates to materials provided for review. It is not possible to know the actual total cost before finalizing the review.

**BILL CREDIT CARD**

TYPE:	CARD NUMBER:	EXPIRATION DATE:
CVV:	CARD HOLDER'S NAME:	Name should be entered as it appears on card <i>I authorize MD Anderson Cancer Center to charge the above credit card for this consultation</i>
CARD HOLDER'S SIGNATURE:		

**ALTERNATE CREDIT CARD**

TYPE:	CARD NUMBER:	EXPIRATION DATE:
CVV:	CARD HOLDER'S NAME:	Name should be entered as it appears on card <i>I authorize MD Anderson Cancer Center to charge the above credit card for this consultation</i>
CARD HOLDER'S SIGNATURE:		