Weill Cornell Medicine

New York Presbyterian Hospital-Weill Cornell Medicine Department of Pathology and Laboratory Medicine
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Please complete information below and send with material to:
Surgical Pathology 525 East 68th Street, Starr 1031 New York, NY 10065 Tel:212-746-6482
Fax:212-746-6484 Website: www.cornellpathology.com

WCM Breast Consultation Form

Date:

Referring Physician

Physician Name: NPI#:
Address:
City/State/Zip:
Phone: Fax: Email:

Patient Information and History

Patient Name: Date of Birth: Gender: ☐ Male ☐ Female
Home Address:
City/State/Zip: Telephone:

Clinical History:

Reason for consultation / specific questions *(required)*

- ☐ To verify the diagnosis and or grade for treatment purposes
- ☐ To resolve an equivocal diagnosis for treatment purposes
- ☐ To resolve a clinical-pathological discrepancy for treatment purposes

PHYSICIAN SIGNATURE *(required)*:

Date:

Working Diagnosis:

Materials Submitted *(All slide returns and/or pick-up requests require 48 hours for processing)*

Slides - Path#: # of Slides: Blocks - Path # # of Blocks:
Slides - Path#: # of Slides: Blocks - Path # # of Blocks:

Billing Instruction *(You must select one)*

☐ Referring Institution/Physician

Name:
Responsible Party:
Business Address:
City /State/Zip:
Business Phone:
Email:

☐ Patient/Insurance

Primary
Insurance Carrier:
Address:
Group # Policy #

Secondary
Insurance Carrier:
Address:
Group # Policy #

***NOTE:** For outside consultation services the patient's insurance information must be supplied if the patient is to be billed. If payment is denied by the patient's insurance, you "referring physician" will be responsible for payment for services. Please visit the Cornell Pathology website to verify the accepted insurance list. https://pathology.weill.cornell.edu/sites/default/files/insurance-participation-listing.pdf

(REQUEST CANNOT BE PROCESSED WITHOUT ORIGINAL PATHOLOGY REPORT AND COMPLETED REGISTRATION INFORMATION)

Rev 1/24