Oral Pathology Diagnostic Service – Request for Biopsy Tissue Examination

Oral Pathology Diagnostic Service
Request for Biopsy Tissue Examination

For a fillable form please visit opdslondon.ca/forms.html

LAB USE ONLY

PATIENT INFORMATION

Last Name:

First Name:

Date of Birth: Year Month Day

Health Card No.: VC:

Age: Sex: M ◯ F ◯ Other ◯

BIOPSY INFORMATION

Anatomical Site:
(gingiva, tongue, hard palate, buccal mucosa, etc.)

Biopsy: Excisional ◯ Incisional ◯

Date of Procedure:
YYYY/MM/DD

Photos/X-Rays: Included ◯ E-mail ◯ None ◯

Previous Biopsy: No ◯ Yes ◯ Case No.:

PATIENT HISTORY

Tobacco History: No ◯ Yes ◯ pack per day for years

Type: Pipe ☐ Cigar ☐ Cigarette ☐ Cannabis ☐ Vape ☐ Chewing ☐

Alcohol History: No ◯ Yes ◯ drinks per day for years

Brief History of Medical Conditions:

Brief History of Medications:

CODE: LAB USE ONLY

REFERRING CLINICIAN

Authorized Signature is Required

Doctor's Name (print):

Signature:

Address:

City: Postal Code:

Phone: Fax:

Office Email:

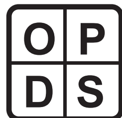
HISTORY AND DESCRIPTION OF CLINICAL LESION

Size: Shape:

Colour: Duration:

X-Ray Appearance:

CLINICAL DIAGNOSIS



ORAL PATHOLOGY DIAGNOSTIC SERVICE
Western University 1151 Richmond St.
Health Science Addition Rm 415, Dock 15
London, ON N6A 5C1

Phone: 519-661-2111 x86402
Fax: 519-850-2926
E-mail: opds-uwo@uwo.ca
Website: opdslondon.ca/

CUT OFF

PLEASE INDICATE THE LOCATION OF THE LESION

(Use an "arrow", "X" or "circle the area")