

# Oral Pathology Diagnostic Service Request for Biopsy Tissue Examination

For a fillable form please visit [opdslondon.ca/forms.html](http://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   for  years  
pack per day

Type: Pipe  Cigar  Cigarette  Cannabis  Vape  Chewing

Alcohol History: No  Yes   for  years  
drinks per day

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](mailto:opds-uwo@uwo.ca)  
Website: [opdslondon.ca/](http://opdslondon.ca/)

# PLEASE INDICATE THE LOCATION OF THE LESION

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

