



Oral and Maxillofacial Histopathology Service
Histopathology for dentists, by dentists...

Pavillon de médecine dentaire, 2420 rue de la terrasse, Université Laval, Québec, QC, G1V 0A6
Telephone (Québec area) : (418) 907-8928 * Toll-free number: 1-866-320-0737 * Fax : 1-866-256-5170

File number (reserved)

**HISTOPATHOLOGY
EXAMINATION REQUEST**

Date of reception (reserved)

Patient Information	Dentist Information
Last name : _____ First name : _____	Last name : _____ First name : _____
Sex (Please circle) : Male / Female	Address : _____
Birth date (ddmm/yyyy) : ____/____/____	_____
	Phone : (____) _____ - _____
	FAX* : (____) _____ - _____

Incisional biopsy Excisional biopsy Fine needle biopsy Smear DIF (Michel's)
Fungal culture**

Radiographs : None Original Duplicata

Details: _____

Date of biopsy: (dd/mm/yyyy) : ____/____/____

Biopsy Site : _____

Clinical Information : _____

Differential diagnosis : _____

Signature : _____ Date : ____/____/____

Payment by Dentist: Check*** <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/>	
Name on Credit Card : _____	
Card Number : _____	
Expiration Date : ____/____	
Amount paid: _____ \$	Signature : _____ Date : ____/____/____

* The fax number will be used to send reports. Please don't forget it!

** Please contact (418) 907-8928 for collection of fungal specimens. Québec area only.

*** Check is to be made payable to the SHBMF. Include your name and the patient's initials on the check. Thank you.

Please take note that we are not responsible for the transport of the specimens. Fees paid by the SHBMF are those for regular mail by an agreement with Canada Post. Dentists wishing to ship their specimens by registered mail must assume the expenses.