bako dx
intelligence not just information

Bako Diagnostics
6240 SHILOH ROAD
ALPHARETTA, GA 30005
PH: 877-376-7284 • FAX: 770-475-0533

PHYSICIAN/CLINIC INFORMATION

LAB USE ONLY

PP1095001

LabForms 888-200-5114

DATE COLLECTED ____/____/____ TIME COLLECTED _____

BILL: ☐ INSURANCE ☐ PATIENT

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		APT. #
CITY	STATE	ZIP CODE
PHONE NUMBER		
DATE OF BIRTH / /	AGE	SEX / PATIENT ID

☐ Biomechanical Correlation (Plantar Skin)

BILLING/INSURANCE INFORMATION (Attach a copy of primary / secondary insurance cards – both sides)

SUBSCRIBER NAME/RELATIONSHIP TO SUBSCRIBER: ☐ Self ☐ Spouse ☐ Dependent	INSURANCE NAME	
MEMBER ID:	ADDRESS	
GROUP/CONTRACT #	CITY	STATE / ZIP

ADDITIONAL CLINICAL INFORMATION: (If clinical image is available, please print and attach or submit digitally at HTTPS://IMAGES.BAKODX.COM)

SPECIMEN #1 ☐ Right ☐ Left — **NAIL** — **SPECIMEN #2** ☐ Right ☐ Left

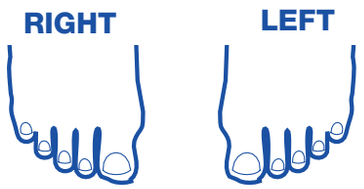
☐ Shave ☐ Punch ☐ Biopsy ☐ Excision

NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)
- ☐ Higher Sensitivity and melanin screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma)
- ☐ Higher Sensitivity (PAS/GMS)
- ☐ Routine (PAS)

FUNGAL SPECIATION/ORGANISM IDENTIFICATION (Typically be added to above stain(s) dry)
- ☐ PCR (2 Days) OR ☐ Culture (2 – 4 weeks)
- ☐ Green Nail Syndrome (No Formalin)

NEOPLASIA
- ☐ Pigmented Streak/Lesion (R/O Melanoma)
- ☐ Non-Pigmented Lesion (Verruca / R/O Carcinoma)

PLEASE INDICATE PRECISE SITE OF ORIGIN (1,2)



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SKIN/SOFT TISSUE/BONE

SKIN
- ☐ Pigmented Lesion (Rule out Melanoma)
- ☐ Non-Pigmented Lesion (Verruca/Rule out Carcinoma)
- ☐ Dermatitis (Eczematous/Tinea)
- ☐ Ulceration (Malignancy/Vasculitis)
- ☐ Other:_____

SOFT TISSUE
- ☐ Tumor (Ganglion/Lipoma/Sarcoma)
- ☐ Inflammatory (Tophus/Abscess)

BONE
- ☐ Arthritis (HAV/Hammer Toe/DJD/Exostosis)
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  - ☐ Micro (Aerobic /Anaerobic) No Formalin
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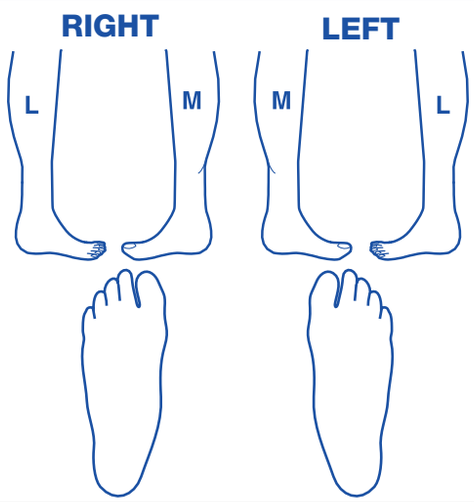

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CYTOLOGY/FLUID/CRYSTAL ANALYSIS
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BACTERIOLOGY/SWAB

BACTERIOLOGY (Open Wound)
- ☐ Aerobic Cx/Sensitivity/Gram**
- ☐ Aerobic/Anaerobic Cx/Sensitivity/Gram**

**Both may be performed with ESwab

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AFFIXED LABEL

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I authorize Bako Diagnostics to bill my insurance.

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REQ. VERSION 01/30/2018

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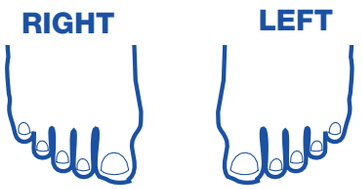

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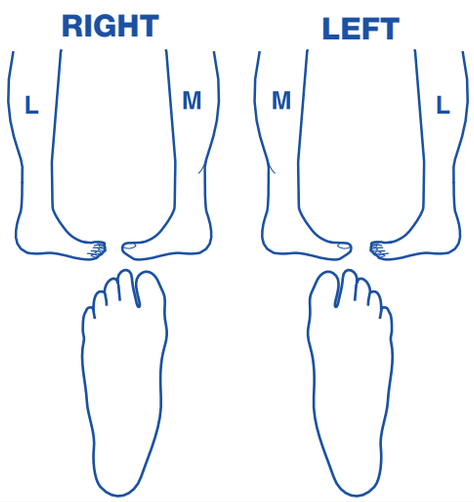

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