

855-422-5628 Fax: 770-475-0528

Bako Diagnostics 6240 Shiloh Rd Alpharetta, GA 30005

Date collected: \_\_\_\_\_/\_\_\_/\_\_\_\_/
Time collected: \_\_\_\_\_/

USE ONLY

Version 4/17/22									
DERMATOLOGY REQUISITION									
PATIENT INFORMATION  Last Name: Middle Initial:									
Address:		Apt/Suite:		City:		_ State: Zip Code:			
Date of Birth	://	_ Sex:				one #:			
BILLING INFORMATION (Attach a copy of primary/secondary insurance cards– both sides)									
Bill: Primary Medical Insura		ince		Insurar	nce Provider:				
☐ Insurance		Insured: Self Spouse Dene		Membe	er ID:				
□ Patient Patient's Relationship to Insured: □ Self □ Spouse □ Dependent Group#:									
	Specimen		Skin	FORMATIO	IN .	Nail			
A Site:		Α	☐ Pigmented Lesion (Rule out Meland	oma)	NAIL UNIT DYSTROPHY (Fung Higher Sensitivity & Melanin				
		- □ Non-Pia	☐ Non-Pigmented Lesion (Verruca/Ru	n-Pigmented Lesion (Verruca/Rule out Carcinoma)		Screen (PAS / GMS / FM) noma)			
Additional Clinical I	Notes:	Margins:	☐ Dermatitis (Eczematous/Tinea) ☐ Ulceration (Malignancy/Vasculitis)		☐ Higher Sensitivity (PAS / GM				
					Routine (PAS) FUNGAL SPECIATION / ORGA	NISM IDENTIFICATION (Typically added to above stain(s)) ce reflex*			
		☐ Excision	Other:		Fungal PCR w/ terbinafine resistand  w/ Pseudomonas	ce reflex*  □ w/o Pseudomonas			
ICD 10 (Required for I	PCR testing)	☐ Shave			Fungal PCR w/o terbinafine resistance reflex  w/o Pseudomonas  w/o Pseudomonas				
		Punch			☐ Pseudomonas ONLY	U #701 Seddofffords			
		☐ Other			☐ Fungal Culture NEOPLASIA				
					☐ Pigmented Streak / Lesion (F				
	mitted to: https://images.bakodx.com				Non-Pigmented / Lesion (Ver	Torontamo reciciare not available mitt			
<b>B</b> Site:		B ☐ Pigmented Lesion (Rule out Melanoma) ☐ Non-Pigmented Lesion (Verruca/Rule out Carcinon		<i>'</i>	NAIL UNIT DYSTROPHY (Fund Higher Sensitivity & Melanin				
Additional Clinical I	Notes:	☐ Margins:	Margins: Dermatitis (Eczematous/Tinea)		(Dematiaceous fungi / Melar Higher Sensitivity (PAS / GM				
			Ulceration (Malignancy/Vasculitis)		☐ Routine (PAS)	,			
		☐ Excision	Other:		Fungal PCR w/ terbinafine resistant	NISM IDENTIFICATION (Typically added to above stain(s)) ce reflex*			
ICD 10 (Required for I	PCR testing)	Shave				nce reflex			
100 It (it occurs of it is it		☐ Punch				□ w/o Pseudomonas			
		☐ Other			☐ Fungal Culture				
					NEOPLASIA  ☐ Pigmented Streak / Lesion (F	R/O Melanoma)			
☐ Clinical image submitted to: https://images.bakodx.com					☐ Non-Pigmented / Lesion (Ver				
C Site:		C	☐ Pigmented Lesion (Rule out Melanoma)		NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)  ☐ Higher Sensitivity & Melanin Screen (PAS / GMS / FM)				
Additional Clinical I		☐ Margins:	Non-Pigmented Lesion (Verruca/Rule out Carcinoma)		(Dematiaceous fungi / Melanoma)				
/taattional olimbar	101001		Dermatitis (Eczematous/Tinea)		☐ Higher Sensitivity (PAS / GM ☐ Routine (PAS)	S)			
			Ulceration (Malignancy/Vasculitis) ☐ Other:		FUNGAL SPECIATION / ORGA Fungal PCR w/ terbinafine resistance	NISM IDENTIFICATION (Typically added to above stain(s))			
10D 40 /D : 15 /	2021 1	Excision	Unier.			□ w/o Pseudomonas			
ICD 10 (Required for PCR testing)		Shave			Fungal PCR w/o terbinafine resistar w/ Pseudomonas				
		☐ Punch☐ Other			☐ Pseudomonas ONLY ☐ Fungal Culture				
					NEOPLASIA				
Clinical image sub	mitted to: https://images.bakodx.com				☐ Pigmented Streak / Lesion (F☐ Non-Pigmented / Lesion (Ver				
PHYSICIAN NOTICE: When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.									
to (1) submit ICD-10			as accumentation of the medical nece	ssity or (2) explain					
The rea	PHYSICIAN SI uested test(s) is/are medically			Lauthorize Bakol	PATIENT SIGNATURE  I authorize BakoDx to bill my insurance and understand I am responsible for paying any uncovered amount.				
SIGNATURE RE		, ,		SIGNATURE REQUIRED DATE/					
	Α	В		С					
	A	D			C				
				N					
Name:		Name:		Name:					
Sito		011		Cite.					
Site:		Site:		one:					

PHYSICIAN / CLINIC INFORMATION



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Date collected: \_\_\_\_\_/\_\_\_/\_\_\_\_/
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LAB USE

DERMATOLOGY REQUISITION									
PATIENT INFORMATION									
	First Name:			Middle Initial:					
				State: Zip Code:					
Date of Birth: / /	Sex:	_ Patient ID:		Phone #:					
		BILLING IN		N (Attach a copy of primary/secondary insurance cards— both sides)					
Bill: Primary Medical Insura	ance		Insurance Provider:						
Insurance Insured Name:			Member ID:						
Patient Patient's Relationship to Insured: Self Spouse Dependent Group#:									
CLINICAL INFORMATION Specimen Skin Nail									
A Site:	Α	☐ Pigmented Lesion (Rule out Meland	oma)	NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)  Higher Sensitivity & Melanin Screen (PAS / GMS / FM)					
	Margins: N	☐ Non-Pigmented Lesion (Verruca/Ri	,	Higher Sensitivity & Melanin Screen (PAS / GMS / FM) (Dematiaceous fungi / Melanoma)					
Additional Clinical Notes:		☐ Dermatitis (Eczematous/Tinea) ☐ Ulceration (Malignancy/Vasculitis)		☐ Higher Sensitivity (PAS / GMS)					
				Routine (PAS)  FUNGAL SPECIATION / ORGANISM IDENTIFICATION (Typically added to above stain(s))					
	☐ Excision	Other:		Fungal PCR w/ terbinafine resistance reflex*  w/ Pseudomonas w/o Pseudomonas					
ICD 10 (Required for PCR testing)	Shave			Fungal PCR w/o terbinafine resistance reflex  □ w/ Pseudomonas □ w/o Pseudomonas					
	☐ Punch ☐ Other			☐ Pseudomonas ONLY					
				Fungal Culture NEOPLASIA					
☐ Clinical image submitted to: https://images.bakodx.com				☐ Pigmented Streak / Lesion (R/O Melanoma) ☐ Non-Pigmented / Lesion (Verruca / R/O Carcinoma)  *Terbinaline resistance not available in NY					
B Site:	B ☐ Pigmented Lesion (Rule out Melanor		oma)	NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)  Higher Sensitivity & Melanin Screen (PAS / GMS / FM)					
	_	☐ Non-Pigmented Lesion (Verruca/Rule out Carcinoma)		Higher Sensitivity & Melanin Screen (PAS / GMS / FM) (Dematiaceous fungi / Melanoma)					
Additional Clinical Notes:	☐ Margins: ☐ Dermatitis (Eczematous/Tinea)			☐ Higher Sensitivity (PAS / GMS)					
		☐ Ulceration (Malignancy/Vasculitis) ☐ Other:		Routine (PAS) FUNGAL SPECIATION / ORGANISM IDENTIFICATION (Typically added to above stain(s))					
	☐ Excision			Fungal PCR w/ terbinafine resistance reflex*  w/ Pseudomonas w/o Pseudomonas					
ICD 10 (Required for PCR testing)	☐ Shave			Fungal PCR w/o terbinafine resistance reflex  □ w/ Pseudomonas □ w/o Pseudomonas					
	Punch	☐ Punch ☐ Other		☐ Pseudomonas ONLY					
	Other			Fungal Culture NEOPLASIA					
Clinical image submitted to https://images.heliady.com				☐ Pigmented Streak / Lesion (R/O Melanoma) ☐ Non-Pigmented / Lesion (Verruca / R/O Carcinoma)  *Terbinafine resistance not available in NY					
Clinical image submitted to: https://images.bakodx.com		☐ Pigmented Lesion (Rule out Melan	omo)						
C Site:	□ Non-Pigmented Lesion (Verruga/F		,	NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)  Higher Sensitivity & Melanin Screen (PAS / GMS / FM)					
Additional Clinical Notes:	☐ Margins:	☐ Dermatitis (Eczematous/Tinea) ☐ Ulceration (Malignancy/Vasculitis) ☐ Other:		(Dematiaceous fungi / Melanoma)  Higher Sensitivity (PAS / GMS)					
				Routine (PAS) FUNGAL SPECIATION / ORGANISM IDENTIFICATION (Typically added to above stain(s))					
	☐ Excision			Fungal PCR w/ terbinafine resistance reflex*    w/ Pseudomonas   w/o Pseudomonas					
ICD 10 (Required for PCR testing)	Shave			Fungal PCR w/o terbinafine resistance reflex					
	☐ Punch ☐ Other			☐ w/ Pseudomonas ☐ w/o Pseudomonas ☐ Pseudomonas ONLY					
				Fungal Culture NEOPLASIA					
				☐ Pigmented Streak / Lesion (R/O Melanoma)					
Clinical image submitted to: https://images.bakodx.com	is required to	make an independent medical necess	ity decision with rea	Non-Pigmented / Lesion (Verruca / R/O Carcinoma)  *Terbinafine resistance not available in NY					
to (1) submit ICD-10 diagnosis supported in the patient's	medical record	as documentation of the medical necessity	essity or (2) explain	gard to each test the laboratory will bill. The physician also understands he or she is required and have the patient sign an ABN.					
PHYSICIAN S				PATIENT SIGNATURE					
The requested test(s) is/are medically	indicated for	patient management.	I authorize BakoDx to bill my insurance and understand I am responsible for paying any uncovered amount.  SIGNATURE REQUIRED  DATE / /						
SIGNATURE REQUIRED DATE/									
		В		0					
A	В			C					
	Name:								
Name:			Name:						
au.	au		a.						
Site:	Site:		Site:						

PHYSICIAN / CLINIC INFORMATION