

Ibn Sina Foundation
Community Medical Center
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Dermatologist & Dermatopathologist

Dermatopathology Requisition

Date of Procedure:

Ibn Sina Derm No:

Patient Name:

Home#

Cell or Work#

Date of Birth:

Age:

Sex: Male Female

Contact Person:

Home#

Cell or Work#

Operative Procedure: Diagnostic Therapeutic

Surgery Biopsy Shave Excision Full Thickness Excision **Closure:** Yes No

Biopsied lesion: Site: **Size:** cm

Duration: days weeks months years

Specimen: One Multiple #

Clinical History:

Dermatologic Description:

Clinical Impression:

Clinical Differential Diagnoses:

Clinical Photos: Digital Photos can be emailed for clinicopathological correlation if desired.

Dermpath: Please e-mail representative Digital Photomicrographs for review if available.