oral pathology consultants
at The Ohio State University

Oral Pathology Consultants
305 W 12th Ave. Columbus, OH 43210-1267
Phone (614) 292-6577 Fax (614) 292-9384
Patient Appointments: (614) 292-1472
Email: oralpathology@osu.edu

Susan R. Mallery, DDS, PhD

For lab use only:

Date Received ____/____/____

Patient ID No. _____

Accession No. _____

Patient Information

First Name **M.I.**

Last Name

Gender: ☐ Male ☐ Female ☐ Other **Parent/Guardian (if patient is under 18):** _____

Mailing Address: _____ **Apt#:** _____

City: _____ **State:** _____ **Zip:** _____

Daytime Telephone Number: (_____) _____ ☐ **home** ☐ **work** ☐ **cell (check one)**

Date of Birth: ____/____/____ **PATIENT SSN:** _____

Specimen Contributor Information

Dentist/Physician: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____ **Fax:** (_____) _____

NPI #: _____

Office Email:

Check for additional supplies or call (614)-292-6575:

☐ Biopsy kit(s) (package of 6)
☐ Michel's Solution (individual quantity)
☐ Cytology kit(s) (individual quantity)
☐ UPS (labels and bags)

Clinical Presentation: (use diagram on opposite page)

Location: _____

Size: _____

Color:	**Shape:**	**Texture:**	**Consistency:**
☐ Normal	☐ Pedunculated	☐ Smooth	☐ Firm
☐ White	☐ Sessile	☐ Granular/Rough	☐ Soft
☐ Red	☐ Flat	☐ Papillary	☐ Fluctuant
☐ Blue	☐ Ulcerated	☐ Pulsatile	

Radiographic Features:
- ☐ Radiolucent
- ☐ Radiopaque
- ☐ Mixed
- ☐ Unilocular
- ☐ Expansile
- ☐ Non-Expansile
- ☐ Well-Defined
- ☐ Poorly-Defined

Clinical/Social History: ☐ Tobacco ☐ Alcohol

Pertinent Medical History:

Previous OSU Biopsy(ies) Accession #(s)

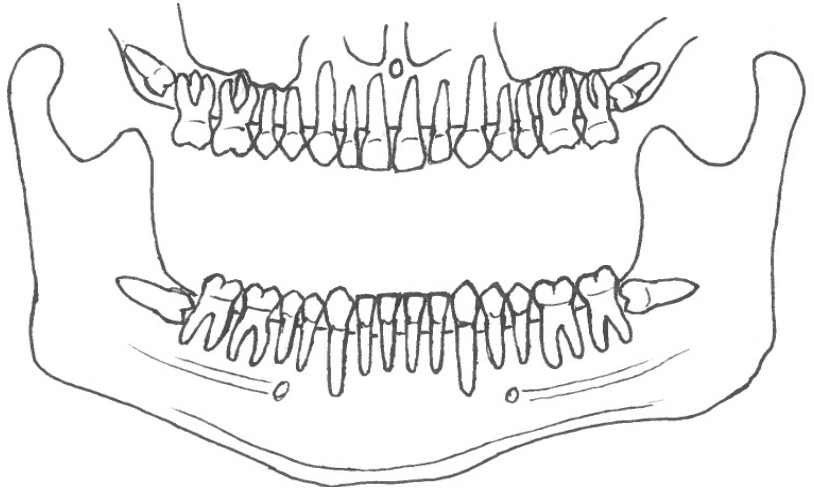
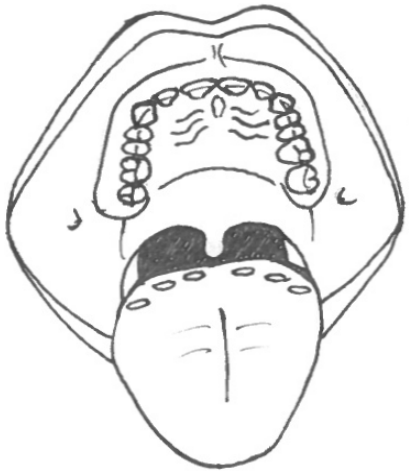
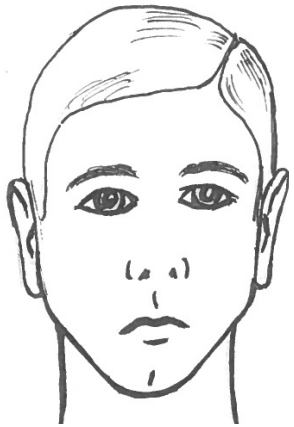
Procedure: ☐ Excisional Biopsy ☐ Incisional Biopsy ☐ Cytology

Operative Findings/Comments:

Clinical Impression/Diagnosis:

Additional Material(s): *Radiographs are requested for skeletal lesions/specimens*

☐ Radiograph(s)	☐ Emailed	☐ Available
☐ Clinical image(s)	☐ Emailed	☐ Available
☐ Disc/thumb drive/other	Email address: oralpathology@osu.edu	

Specimen Contributor's Signature:_____

Date of Procedure:_____/_____/_____