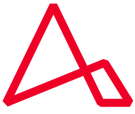

Arkana
Laboratories

Muscle & Nerve Biopsy Requisition Form

Affix patient sticker here

Patient Information:

Patient Name: ______ Social Security #: ______ Gender: M F

Date of Birth (MMDDYYYY): ______ Phone #: ______ Marital Status: ☐ Married ☐ Single ☐ Other

Address: ______ City: ______ State: ______ Zip Code: ______

Spouse Name: ______ Social Security #: ______ Date of Birth (MMDDYYYY): ______

Clinical Information:

Surgical Number: ______ Biopsy site: ______ Biopsy Date: ______

Working/suspected clinical diagnosis/differential: ______

Clinical history, patient pertinent current and prior history, and pertinent physical exam findings attach additional sheets as needed: ______

Lab Studies: ☐ Serum markers (CPK, Auto-antibodies, Aldolase, Other) ☐ EMG/NCV ☐ Other

Family history: ______

Medications:

☐ Steroid (current or prior treatment with steroid [indicate date of last dose if discontinued]) Date: ______ ☐ Chloroquine/hydroxychloroquine

☐ Cholesterol lowering drug (please provide specific drug name(s) if known) Date: ______ ☐ Anti-retroviral (ex AZT or HAART)

Other medications: ______

Referring Physician:

Treating Physician; Neurologist, Rheumatologist, Internal Medicine (Required information) : ______

Phone #: ______ Fax #: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Surgeon performing biopsy: ______ Phone #: ______ Fax #: ______

Third-Party Billing Information: Complete or attach a copy of insurance card and authorization

Insured/Responsible Party: ______ Date of Birth (MMDDYYYY): ______ Gender: M F

Address: ______ City: ______ State: ______ Zip Code: ______

Phone #: ______ Patient's relationship to insured: ☐ Self ☐ Spouse ☐ Dependent ☐ Other

Member ID #: ______ ☐ Medicare ☐ Medicaid ☐ HMO ☐ PPO ☐ Other

Policy #: ______ Group #: ______

Insurance Co Name: ______ Insurance Co Address: ______ Insurance Co Phone #: ______

Employer Name: ______ Employer Phone #: ______

Referral Authorization/Precertification #: ______

Print Name: ______ Signature: ______ Date: ______

10810 Executive Center Drive, Suite 100 Little Rock, Arkansas 72211
Telephone +1 501 604 2695 Fax +1 501 604 2699 support@arkanalabs.com