

Southwest Dermopath

Sample Submission:

Southwest Dermopath

c/o Animal Reference Pathology
PO Box 17580
Salt Lake City, UT 84117

Thomas P. Lewis II, DVM

Diplomate American College of Veterinary Dermatology

P480 365 0700 F480 365 0720

FedEx or UPS Delivery:

Southwest Dermopath

c/o Animal Reference Pathology
525 East 4500 South Suite F200
Salt Lake City, UT 84107
swdermpath@aol.com

Doctor _____ Date _____

Hospital _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Client Name _____

Animal Name _____

Species _____ Breed _____ Color _____

Age _____ Sex _____ Neuter _____

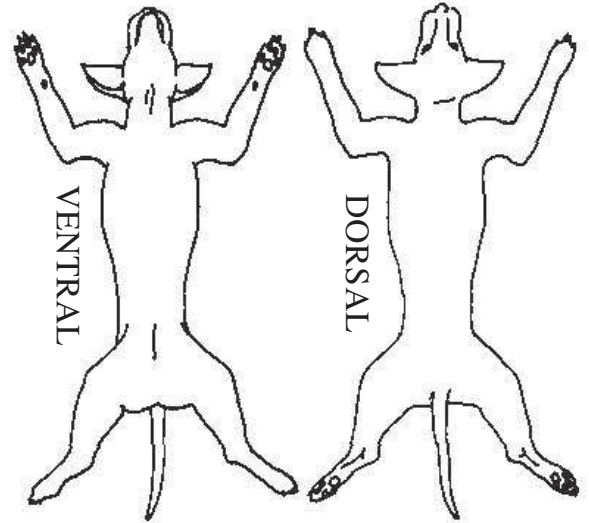
Send Report By: Fax Email Mail

and type of tissues Submitted: _____

Check if Dr. Lewis is to Add Clinical Comments

Send More Mailers

Photo Enclosed? Yes No



MARK BIOPSY SITES ON DIAGRAM ABOVE

Do not write in this box

Case # _____

List all Lesions Present:

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Macule | <input type="checkbox"/> Wheal | <input type="checkbox"/> Lichenification | <input type="checkbox"/> Scar |
| <input type="checkbox"/> Papule | <input type="checkbox"/> Pustule | <input type="checkbox"/> Alopecia | <input type="checkbox"/> Scale |
| <input type="checkbox"/> Plaque | <input type="checkbox"/> Erythema | <input type="checkbox"/> Erosion | <input type="checkbox"/> Crust (color) _____ |
| <input type="checkbox"/> Nodule | <input type="checkbox"/> Hyperpigmentation | <input type="checkbox"/> Ulcer | <input type="checkbox"/> Comedone |
| <input type="checkbox"/> Vesicle | <input type="checkbox"/> Hypopigmentation | <input type="checkbox"/> Callus | <input type="checkbox"/> Epidermal collarette |
| <input type="checkbox"/> Other (list) | | | |

• Basic history, clinical, laboratory findings:

• Is pruritus present? Where?

• Differential Diagnosis: