



2030 W. McNab Road, Suite #2, Fort Lauderdale, FL 33322  
 (888) 477-8445 – Toll Free, (954) 476-3953 – (954) 452-2131 – Fax

## Second Opinion Service Request Form

### Step 1:

Obtain authorization for review material release from originating laboratory

1. Pathology slides or lab test reports
2. Pathology reports
3. At least one representative paraffin block, if available
4. Operative reports, if available

### Step 2:

Please provide the following information for the evaluation of your case. Please be as complete as possible, accurate information is necessary for correct second opinion diagnosis. If an item does not apply to your case leave a blank.

### Please mail completed form to:

The Meditrend Group, Inc.  
 2030 W. McNab Road, Suite #2  
 Fort Lauderdale, FL 33309

### Patient Information:

Last Name:		First Name:		Middle Initial
Date of Birth (mm/dd/yyyy): ____/____/____				
Address:				
City:		State:	Zip Code:	
Phone Number:		Fax Number:		

### Physician to Receive Report:

Physician Name:				
Address:				
City:		State:	Zip Code:	
Phone Number:		Fax Number:		

Initials: \_\_\_\_\_

**Step 2: (Continued):**

**Additional Information (if applies to you case):**

<p>Previous Procedures:</p>
<p>Treatments before the procedure:</p>
<p>Brief history:</p>
<p>Other information or concerns</p>

**Step 3:**

**Release Authorization Form**

I authorize the pathologists of The Meditrend Group, Inc. to review all my pathology slides, reports and other pertinent information or reports in order to provide a formal review. This will include all pathology slides, paraffin blocks, radiology reports, surgical reports including clinical information.

**PLEASE TYPE OR PRINT CLEARLY**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The Meditrend Group, Inc.**

2030 W. McNab Road, Suite #2, Fort Lauderdale, FL 33309

Toll Free: (888) 477-8445, Pathology Secretary: (954) 476-3953, Fax: (954) 452-2131

By signing the above form you certify under penalty of law that you are the person whose name is printed above. Patient medical information is privileged information. Submitting false information or false signature is a fraudulent practice and violation of law. Submitting this form in order to obtain patient privileged medical information by an unauthorized person is an illegal act. The Meditrend Group, Inc. may consider your case to require an expertise not available at The Meditrend Group, Inc., in this case you are also authorizing The Meditrend Group, Inc. to send out your case material to a specialized pathologist in the field of your case for review and to obtain a pathology consultation. The Meditrend Group, Inc. will have the discretion to issue or not issue its own report. This service might incur extra charges for you and The Meditrend Group, Inc. will notify you of any additional charges.

**Initials:** \_\_\_\_\_



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**Step 4:**

**Payment Information:**

**Fees for The Meditrend Group, Inc. consultation service (please check one of the following)**

**Diagnosis Confirmation:** **Charge:** \_\_\_\_\_

Diagnosis Confirmation includes full review of the pathology slides or reports by an American Board of Pathology Certified Pathologist. The results will be given as "Diagnosis Confirmed" or "Discrepancy is Identified"

**Full Pathology Report:** **Charge:** \_\_\_\_\_

Includes a full pathology report examination of the slides or analysis of the lab reports by an American Board of Pathology Certified Pathologist. The results will be given in an official full pathology report.

**Financial Responsibility (Please read and sign):**

I understand that I have read and understand the terms and services agreement found on the Second Opinion page of The Meditrend Group, Inc.'s web page ([www.meditrendgroup.com](http://www.meditrendgroup.com)), and that I fully understand that The Meditrend Group, Inc. will not bill by insurance company,

**Payment Method - to be determined**

**Initials:** \_\_\_\_\_