



Long Beach Memorial Pathology Medical Group

2840 Long Beach Blvd., Suite 430
Long Beach, CA 90806
Phone: (562) 989-5858 Fax: (562) 989-5860

FROZEN SECTION SCHEDULING FORM

Physician's office staff is to call LBMPMG's office Client Services

Please fax this to LBMPMG at least one to two days prior to the procedure so that we may plan accordingly.

***Physician's office is responsible for confirming with LBMPMG laboratory
of scheduled frozen section courier notification***

Date & Time of Scheduled Surgery: _____

Surgery Facility Name: _____

Name of Surgeon: _____

Name of Patient: _____

Sex and Age of Patient: _____

Specimen Site: _____

Clinical History: _____

Is this specimen for diagnosis only or for margins? Please explain briefly:

How many frozen sections do you anticipate? _____

Contact person & ***telephone number at surgeon's office:*** _____

Please draw a diagram indicating orientation of specimen if applicable. Place specimen in clean, dry specimen Container (no fixative).

LBMPMG Fax #: (562) 989-5860. If you have any questions, please contact Client Services or one of the Pathologists at (562) 989-5858. You may copy this form to use again. Thank you!

Apollo Courier tracking#: _____		
Spoke to: _____		
_____	_____	_____
Initials	Date	Time