

UT HEALTH SAN ANTONIO
Report Request Form

1) To Request a Report ___ or FedEx ___ - pathconsults@uthscsa.edu

a) Requesting physician's name: _____

b) Patient's name: _____

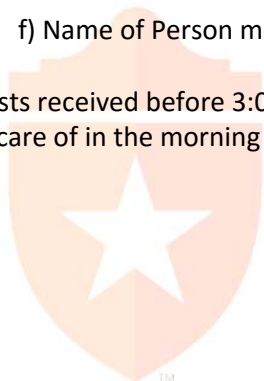
c) Date of Birth: _____

d) Date of service: _____

e) Fax # or Email: _____

f) Name of Person making request and contact #: _____

Requests received before 3:00 p.m. will be handled by end of current business day. All others will be taken care of in the morning of next business day.



UT Health
San Antonio

Pathology & Laboratory Medicine