


Path Req - December 28, 2023

Order Number: 36778 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:
104258PAT000013174 Female 10/20/1962 (307) 247-2823 MM0000011643

LAB INFORMATION							
LAB NAME Sagis DX				PHONE		ACCOUNT #	
ORDER # 36778		STREET ADDRESS				BILL TYPE Third-Party Bill	
PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Gibson		FIRST NAME Gale		M.I.		LAST NAME Gibson	
SSN		DATE OF BIRTH 10/20/1962		SEX Female		MRN MM0000011643	
STREET ADDRESS 1224 W 11th				STREET ADDRESS 1224 W 11th			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY Casper		STATE WY		ZIP CODE 82604		CITY Casper	
HOME PHONE		CELL PHONE 3072472823		EMPLOYER NAME		HOME PHONE	
						WORK PHONE	
PATH REQUISITION							
Location		Procedure		Clinical Information		ICD	
A. right inferior upper back		Biopsy by Shave Method H and E		Morphology: macule DDX: Neoplasm of Uncertain Etiology vs. Melanoma vs. Dysplastic Nevus		D48.5	
						Accession #	
						Test #	
						 36778-A	

Electronically Signed By: Rebecca L Samberg, DNP FNP-C, 12/28/

** Match provider Rate 100% **

