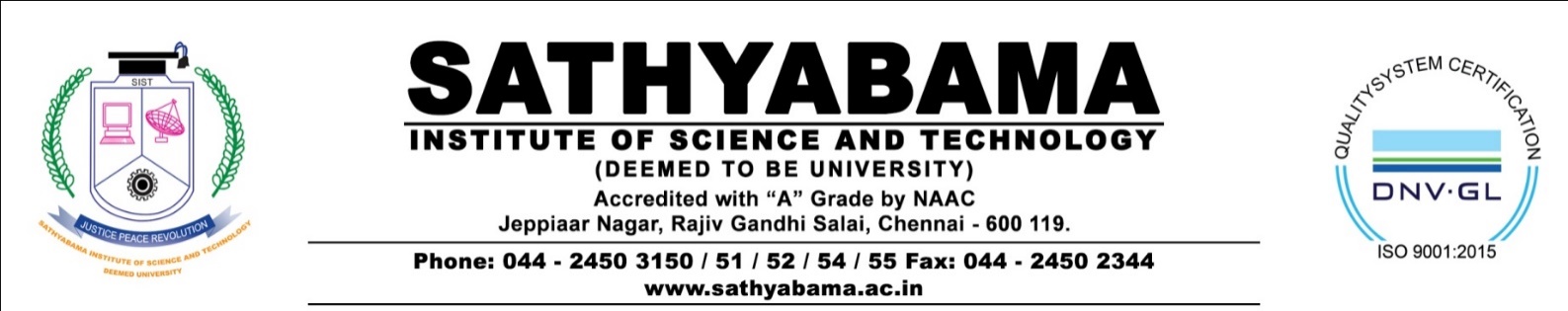
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**DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY**

**HISTOPATHOLOGY REPORT**

**Patient Demographics:**

Name: Excisional Biopsy No:

Age: Incisional Biopsy No:

Gender: Reg No:

Occupation: Date of Receiving Biopsy:

Address: Date of Issue:

Referred by:

Phone No:

**Chief Complaint:**

**History of Present Illness:**

**Habits:**

**Clinical Features:**

**Aspiration:**

**Radiograph:**

**Surgical Details:**

**Type of Biopsy:**

Site: Nature:

Provisional Diagnosis: Type:

Incisional Biopsy Diagnosis:

**Macroscopic Features:**

No of Tissues:

Shape: Size:

Consistency: Colour:

Diagram:

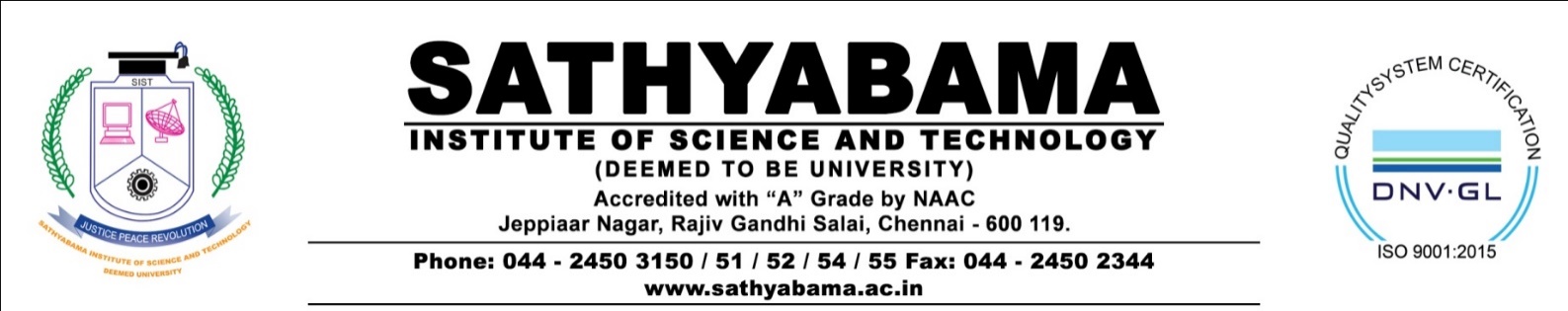
**Histopathology:**

**Diagnosis:**

**Further investigation:** Immunohistochemistry / Immunofluorescence / Serological investigations / Cytogenetics / Culture / Special stains.

**Professor & HOD**

**Department of Oral Pathology & Microbiology**

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**BIOPSY REQUISITION FORM**

**PATIENT DEMOGRAPHICS**:

Name : Biopsy no :

Age : Regn No :

Gender : M/F Date of receipt :

Occupation : Date of issue :

Address : Referred by :

Phone number:

**Chief Complaint:**

**History of Present Illness:**

**Habits & Duration:**

**Clinical Features:**

**Aspiration:**

**Radiograph:**

**Surgical Details:**

**Type of biopsy**:

Incisional / excisional / Punch biopsy

Exfoliative cytology / FNAC / Brush biopsy

**Site of Biopsy**:





**Nature of Tissue:**

Hard / Soft / Firm / Bony Hard

**Provisional Diagnosis:**

**Signature of H.O.D**