



Oral and Maxillofacial Histopathology Service

Dr. Sylvie Louise Avon
Dr. Steve Tremblay

www.oralpathology.ca

Pavillon de médecine dentaire, Université Laval, 2420, rue de la Terrasse, Québec, QC, G1V 0A6
Phone: (418) 907-8928 · Fax: 1-866-256-5170

File number (reserved)

HISTOPATHOLOGY EXAMINATION REQUEST

Date of reception (reserved)

Patient Information

Last Name: _____ | First Name: _____

Sex (Please circle): Male / Female

Birth date (dd/mm/yyyy): ____ / ____ / ____

Dentist Information

Last Name: _____ | First Name: _____

Licence number: _____

Clinic: _____

Address: _____

Phone: (____) _____ - _____

Fax*: (____) _____ - _____

Email: _____

Incisional biopsy Excisional biopsy Fine needle biopsy Smear DIF (Michel's)

Radiographs: None Original Duplicata

Details: _____

Date of biopsy (dd/mm/yyyy): ____ / ____ / ____

Biopsy Site: _____

Clinical Information: _____

Differential diagnosis: _____

Signature: _____ Date: ____ / ____ / ____

* The fax number will be used to send reports. Please don't forget it!

Please take note that we are not responsible for the transport of the specimens. Fees paid by the histopathology service are those for regular mail by an agreement with Canada Post. Dentists wishing to ship their specimens by registered mail must assume the expenses.