

ORAL PATHOLOGY SUBMISSION FORM - HORSE

Specialty Oral Pathology for Animals, LLC
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Accession #	LAB USE ONLY
Date received:	
Bill code:	

SUBMITTING VETERINARIAN INFORMATION

Veterinarian _____
Clinic _____
Address _____
City _____
State _____ Zip _____
E-mail† _____
Phone _____
†Reports are e-mailed unless requested otherwise.

PATIENT INFORMATION

Owner _____
Animal name/ID _____
Breed _____
Age _____
Sex (circle one): M S G

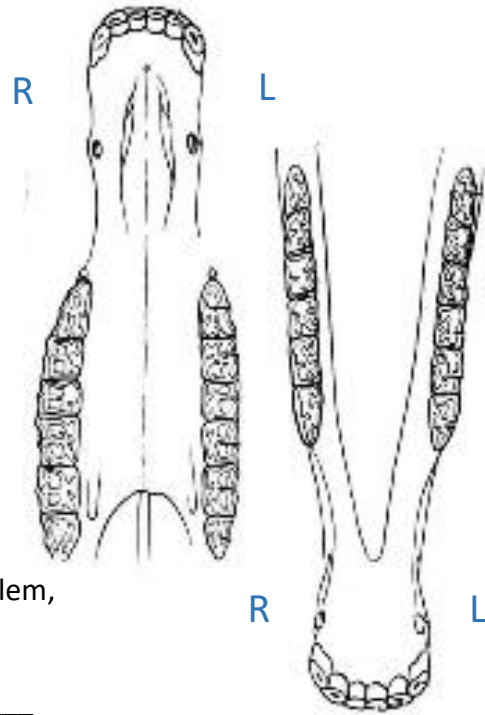
SPECIMEN INFORMATION

Location, size and description of lesion (i.e. color, pedunculated, ulcerative, lytic, etc.): _____

Biopsy type (circle one): Excisional Incisional
Margins included (circle one): NO YES
Duration of problem: _____
Previous biopsy (circle one): NO YES*
*If SOPA, please give case #. If other lab, please include report.

HISTORY

Include all relevant dental/medical history, current problem, clinical/surgical findings, & diagnostic imaging findings:
(Information provided will be transcribed to the pathology report)



Clinical/differential diagnosis:

Other information or requests:

(This information will NOT be transcribed to the pathology report.)

Images submitted (circle one):** NO YES

**Clinical photographs and/or diagnostic imaging greatly enhance the precision and accuracy of diagnosis. Images may be submitted in print or electronically by emailing to dr.bell@sopforanimals.com. Submission acknowledges permission to use submitted images for diagnosis or teaching.