



REQUEST TO BORROW MATERIAL

Patient Information

Last Name	First Name	MI	Date of Birth / /	Sex	
				M	F

Petroglyph Accession Number _____

Contact & Facility Information

Last Name	First Name	MI	Date of Request / /	
Facility Name	Facility Phone Number	Facility Fax Number		
Facility Address	City	State	Zip Code	

Consult requested by: Patient Physician Outside Institution

FedEx or UPS # _____

For Petroglyph Pathology Use Only		
_____ Slide(s) Enclosed		
_____ Block(s) Enclosed		
_____ Report(s) Enclosed		
Signature of Person Accepting Material	Date / /	Petroglyph Pathology Services maintains ownership of all materials released. Please return all Materials within 30 days.

If following the examination of these slides a report is generated; a copy of your report would be appreciated. Thank you.

Petroglyph Pathology Services
 640 Quantum Rd
 Rio Rancho, NM 87124
 505-924-0209
 505-924-0210 Fax

Fax completed form to 505-924-0210