

Sample Submission:
Southwest Dermopath
c/o ZNLabs
300 High Rise Drive
Louisville, Kentucky 40213

Southwest Dermopath

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Doctor _____ Date _____

and Type of Tissues Submitted: _____

Do not write in this box
Case Number _____

Hospital _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

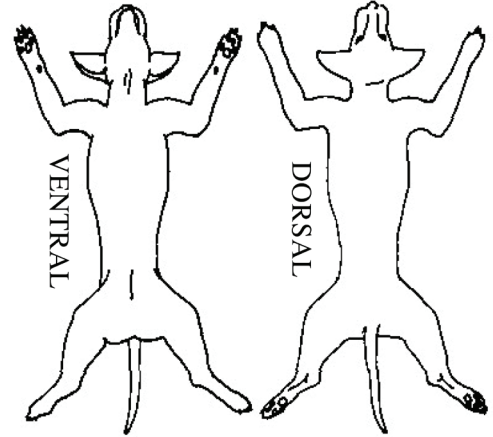
Client Name _____

Animal Name _____

Species _____ Breed _____ Color _____

Age _____ Sex _____ Neuter _____

Send Report By: Fax _____ Email _____ Mail _____



Mark Biopsy sites on diagram above

Check if Dr. Mount is to Add Clinical Comments

Send More Mailers

List all Lesions Present:

- | | | | |
|----------------------------------|--|--|---|
| <input type="checkbox"/> Macule | <input type="checkbox"/> Wheal | <input type="checkbox"/> Lichenification | <input type="checkbox"/> Scar |
| <input type="checkbox"/> Papule | <input type="checkbox"/> Pustule | <input type="checkbox"/> Alopecia | <input type="checkbox"/> Scale |
| <input type="checkbox"/> Plaque | <input type="checkbox"/> Erythema | <input type="checkbox"/> Erosion | <input type="checkbox"/> Crust (color) _____ |
| <input type="checkbox"/> Nodule | <input type="checkbox"/> Hyperpigmentation | <input type="checkbox"/> Ulcer | <input type="checkbox"/> Comedone |
| <input type="checkbox"/> Vesicle | <input type="checkbox"/> Hypopigmentation | <input type="checkbox"/> Callus | <input type="checkbox"/> Epidermal collarette |

Other (list) _____

Basic history, clinical, laboratory findings: _____

Is pruritus present? _____ Where? _____

Differential Diagnosis: _____

Photo Enclosed? Yes No