

# DEPARTMENT OF ELECTRON MICROSCOPY

## PATIENT HISTORY

(Please Print or Type)

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

HOSPITAL NAME: \_\_\_\_\_

HOSPITAL ADDRESS: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ TELEPHONE: (    ) \_\_\_\_\_

PATHOLOGIST: \_\_\_\_\_ TELEPHONE: (    ) \_\_\_\_\_

PATIENT'S HOSPITAL SURGICAL PATHOLOGY NUMBER: \_\_\_\_\_

PATIENT HISTORY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIAGNOSTIC IMPRESSION: \_\_\_\_\_

## ADDITIONAL INFORMATION

(Primarily For Kidney Biopsies)

Please check if present:

HYPERTENSION \_\_\_\_\_ MYELOMA \_\_\_\_\_ CIRRHOSIS \_\_\_\_\_ U.R.I. \_\_\_\_\_ U.T.I. \_\_\_\_\_

DIABETES \_\_\_\_\_ ARTHRITIS \_\_\_\_\_ HEPATITIS \_\_\_\_\_ ALLERGIES \_\_\_\_\_ MALIGNANCY \_\_\_\_\_

FAMILY HISTORY OF RENAL DISEASE \_\_\_\_\_

Laboratory Findings:

Urine: GLUCOSE \_\_\_\_\_ ALBUMIN \_\_\_\_\_ RBC \_\_\_\_\_ WBC \_\_\_\_\_ CASTS \_\_\_\_\_ 24hr PROTEIN \_\_\_\_\_

BUN \_\_\_\_\_ CREATININE \_\_\_\_\_ ANA \_\_\_\_\_ ANTI-DNA \_\_\_\_\_ ASO \_\_\_\_\_ VDRL \_\_\_\_\_ HBsAg \_\_\_\_\_

COMPLEMENT \_\_\_\_\_ IMMUNOGLOBINS \_\_\_\_\_ CRYOGLOBULIN \_\_\_\_\_

X-RAY Findings:

CHEST \_\_\_\_\_ IVP \_\_\_\_\_ OTHER \_\_\_\_\_

### **Orlando Regional Medical Center**

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**OVERNIGHT PACKAGES (MONDAY THROUGH THURSDAY)**

Orlando Regional Medical Center  
ATTENTION: Pathology Department  
45 W. Sturtevant Street  
Orlando, FL 32806

**OVERNIGHT PACKAGES (FOR SATURDAY DELIVERY)**

Orlando Regional Medical Center  
ATTENTION: Pathology Department  
1414 S. Kuhl Avenue  
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