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## **FROZEN SECTION REQUISITION**

Patient N	lame (Last)		(First)					
Age:			DOB:		Sex:	M/F	Medical Record #	
OR ROOM PHONE #			PHYSICIAN					
PREOP DIAGNOSIS / CLINICAL INFORMATION			PATHOLOGY CONSULTATION DURING SURGERY WITH FROZEN SECTIONS					
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OTHER F	ACILITY	NO		Amondo amondo a				
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