FROZEN SECTION

DATE	TIME	ROOM/TEL#	SURGEON(S)	PATIENT DATA Name:	, First
ANATOM	IICAL LOCA	TION OF SPECIMEN:		DOB:/	GenderMF
INDICAT	ION(S) FOR	FROZEN:			
ANY PER	RTINENT PR	EVIOUS SURGERY:			
<u>PATHOL</u>	OGIST'S DIA	AGNOSIS:			
REPORT	ED TO:		DATE:	TIME:	
		WE	STCHESTER MEDICAL WORLD-CLASS MEDICINE THAT'S NOT A WORL VALHALLA * NEW YORK * 1058 OPERATING ROOM	D AWAY.	
			FROZEN SECTION		
DATE	TIME	ROOM/TEL#	SURGEON(S)	PATIENT DATA Name:Last	, First
ANATON	IICAL LOCA	TION OF SPECIMEN:		DOB://	
INDICAT	ION(S) FOR	FROZEN:		MRN:	
ANY PER	RTINENT PR	EVIOUS SURGERY:			
<u>PATHOL</u>	OGIST'S DIA	AGNOSIS:			

DATE:

TIME:

REPORTED TO: