



COLLEGE OF DENTISTRY

The UNIVERSITY of OKLAHOMA HEALTH SCIENCES CENTER

Using Oral and Maxillofacial Pathology Services

The laboratory will supply the clinician with complimentary biopsy kits (history sheet, fixative, return address label, and shipping container) on request. FedEx pick-up can be arranged for sending specimens to our laboratory at no cost to the clinician. Please call (405) 271-4333.

To request a biopsy kit(s) please complete this form or provide requested information and return by:

Fax: (405) 271-3385

Mail: OU Oral & Maxillofacial Pathology Laboratory, 1201 N. Stonewall Ave, #280, Oklahoma City, OK 73117-1214

Email: oral-pathology@ouhsc.edu

Phone: (405) 271-4333

Number of biopsy kits required _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Telephone consultations may be obtained by calling (405) 271-4333 between 8:00 AM and 5:00 PM, Central time, Monday through Friday.

Radiographs and microscopic slides for second opinion should be mailed to: OU Oral and Maxillofacial Pathology Laboratory, 1201 North Stonewall Avenue, #280, Oklahoma City, OK 73117-1214.

Billing and Insurance

We file medical insurance claims. A legible copy (front and back) of the Medicare and/or medical insurance card(s) is required. Attach a pre-authorization if required by the insurance carrier. The patient will be responsible for any balance remaining after payment or denial of a claim.

Billing service:

University of Oklahoma Oral Pathology Laboratory

P.O. Box 268804

Oklahoma City, OK. 73126

(914)437-5850