



THERAPATH

Specializing in Skin Biopsy analysis for
Small Fiber Neuropathy

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Fax: (917) 441-1116
www.Therapath.com

FIXATIVE ORDERING FORM

To order replacement fixative, fill out this form below and fax to Therapath at 917-441-1116. Replacement fixative ordering can also be done through our on-line services found on the web site www.Therapath.com.

Fixative will be mailed on ice, in a 4x6 cooler via overnight mail. Please keep refrigerated. Fixative must be used before expiration date.

Practice Name: _____

Date Patient Biopsy (Biopsies) Scheduled: _____

Physician Name: _____

Mailing Address: _____
(Street address – include suite # or location code)

(city)

(state)

(zip code)

Phone: _____ Fax: _____

Please forward _____ vials of replacement fixative.

Name of contact person in practice:

(name)

(phone ext)

(E-mail)