



**Cleveland Clinic**

Neurological Institute

9500 Euclid Avenue, S-90

Cleveland, Ohio 44195

Telephone: 216-444-5353 Fax: 216-445-1563

**Cleveland Clinic Cutaneous Nerve Laboratory  
Skin Biopsy for Neuropathy / Patient Referral Form**

Patient Name: Last \_\_\_\_\_ M.I. \_\_\_\_\_ First \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Requesting Physician Name: Last \_\_\_\_\_ M.I. \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's E-mail Address: \_\_\_\_\_

Clinical Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Signature of Requesting Physician: \_\_\_\_\_

Reason for Biopsy/Brief Clinical History:

Biopsy Site Requested: (please check) ☐ Routine: Distal leg Distal thigh Proximal thigh

☐ Other Site (specify): \_\_\_\_\_

Reason for other site (if applicable): \_\_\_\_\_

Biopsy Side: (please circle) Right Left

Previous skin biopsy for neuropathy: (please circle) Yes No

Any questions regarding the procedure or specimen processing may be addressed to:

Dr. David Polston at 216-444-5353 or Sherry Zhao at 216-444-4131

**Please complete the form and send or fax to: Dr. David Polston, Fax: 216-445-1563  
We will contact the patient and schedule the skin biopsy.**

**Please send any correspondence or written inquiries to:  
Dr. David Polston, Cleveland Clinic Cutaneous Nerve Laboratory, Cleveland Clinic,  
9500 Euclid Ave TT3-05, Cleveland Ohio 44195**