



CYTOLOGY (GYN/NON-GYN) REQUISITION FORM

4000 S. SAGINAW ST. FLINT, MI 48507

PHONE: 810-396-5700 FAX: 810-424-2504

Bay Central Lapeer Flint Lansing Port Huron Northern Oakland Macomb Karmanor

CLIENT/ORDERING PHYSICIAN :

PATIENT INFORMATION form with fields for Patient Last Name, First, Middle, Address, City, State, Zip, Telephone, Collection Date/Time, SSN#, Date of Birth, M/F, Insurance Information.

Date: NORTHPOINTE OBSTETRICS AND GYNECOLOGY [] J.Lensmeyer JL358 [] J.Giles JG9125 [] A.Hurtubise AH393 [] S.Tremp ST6659 [] F.Drouillard FD96226 [] K.Fabian KF207 1206 WASHINGTON PORT HURON, MICHIGAN 48060 810-984-3100

Phone Fax CC: fields

GYNECOLOGIC CYTOLOGY

Specimen Type, Test, Specimen Source, Previous Pap, Additional Testing, Hormonal Status, Patient History. Includes checkboxes for SUREPATH, THINPREP, CONVENTIONAL PAP, ROUTINE SCREENING, HIGH RISK SCREENING, DIAGNOSTIC, etc.

NON-GYNECOLOGIC CYTOLOGY

Fine Needle Aspirations, Non-Gyns. Includes checkboxes for Breast, Thyroid, Lymph Node, Parotid Gland, Neck, Other, Urine, Ascitic Fluid, Pleural Fluid, Sputum, etc.

CLINICAL INFORMATION: text area for patient history and notes.

Table with 9 columns for Diagnosis Codes (1-9) and rows for code entry.

* ROUTINE SCREENING - MEDICARE ALLOWS PAP EVERY 24 MONTHS WITH APPROPRIATE DIAGNOSIS ** HIGH RISK SCREENING - MEDICARE ALLOWS PAP EVERY 12 MONTHS WITH APPROPRIATE DIAGNOSIS *** DIAGNOSTIC - MOST RECENT PAST PAP AND/OR GYN HISTOLOGICAL TISSUE SPECIMEN WAS DIAGNOSED AS ABNORMAL

PHYSICIAN SIGNATURE : DATE:

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