

PATIENT INFORMATION

ORDERING PHYSICIAN/FACILITY

Service Date: _____ Time Collected: _____ Ordering Physician: _____

Name (last, first, middle): _____

DOB: ___ / ___ / ___ Gender: M F SSN: _____ - _____ - _____

Address: _____ City: _____ Zip: _____

Contact Phone : (_____) _____ - _____ x _____

Responsible Party: _____ Relationship: _____

BILLING INFORMATION (Please attach patient face sheet and front and back of insurance card to ensure correct billing)

Medicare Medicaid Client Patient Other (see attached)

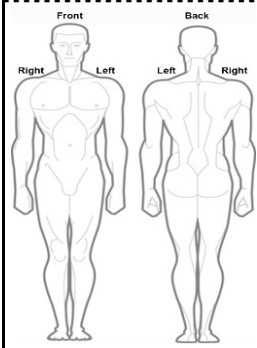
Primary Insurance Name	Secondary Insurance Name
Policy #:	Policy #:
Group #:	Group #:

Patient/Chart #	Date
ICD-9/10 Diagnosis Code(s)	

Please provide a diagnosis code for all tests ordered that can be substantiated by the patient's medical record. Tests deemed not "MEDICALLY NECESSARY" must be accompanied by a signed ADVANCE BENEFICIARY NOTICE (ABN).

*PROVIDING A SOCIAL SECURITY # & DATE OF BIRTH IS ESSENTIAL TO LOCATE AND REVIEW PREVIOUS HISTOLOGY AND CYTOLOGY

Specimen	Type	Site/Clinical Information	Specimen	Type	Site/Clinical Information
A	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	A	H	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	H
B	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	B	I	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	I
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D	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	D	K	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	K
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F	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	F	M	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	M
G	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	G	N	00000 Score: <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> O <input type="checkbox"/> DIF <input type="checkbox"/> Check Margins	N



Other Information:

FOR LAB USE ONLY