▼ PHYSICIAN INFORMATION ▼

Physician Name
Address
City, State, Zip
Phone/Fax
UPIN#

PATHOLOGY DEPT.
10101 Ridgegate Pkwy
Ph: (720) 225-1280
Fax: (720) 225-1269

NG/FS: _____
DATE RECEIVED
BY PATHOLOGY _____
CONDITION OF
SPECIMEN _____

Patient Information

Last Name	First Name	MI

Social Security No.	Birthdate	Sex ☐ M ☐ F

Phone No.	Room No.

Responsible Party Information

Last Name	First Name	MI

Social Security No. (if not the patient)	Patient's Relationship to Responsible Party ☐ Self ☐ Child ☐ Spouse ☐ Other

Street Address	Phone No. (if not the Patient)

City	State	Zip

Employer Name	Employer Phone No.

Employer Address

Billing Information

Please attach a copy of all Insurance I.D. Cards - Front and Back

Bill to: ☐ Physician/Client ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient

Medicare Number	Medicaid Number

Insurance Co. Name	Phone

Street Address

City	State	Zip

Policy Number	Group Number

Group Name

Insurance Name	Relationship

Date Collected _____

☐ Pleural fluid ☐ Voided urine
☐ Bronchial brush ☐ Catheterized urine
☐ Bronchial wash ☐ Bladder washing
☐ Sputum ☐ Breast fluid
☐ Ascitic fluid ☐ Nipple Discharge
☐ Peritoneal wash ☐ CSF
☐ Peritoneal fluid ☐ Gastric brush
☐ Esophageal brush q ☐ Other: _____
☐ FNA: _____ (site)

Clinical Diagnosis:

Pertinent Hx and/or
Physical findings: _____

ICD9 Code: _____

Previous surgery or irradiation: _____

☐ Special requests: _____

☐ **STAT** ☐ Phone ( ) _____
☐ Fax ( ) _____

☐ Do not call after hours | Collected by

Physician Signature: _____ Print Name: _____ Date: _____ Time: _____

FOR PATHOLOGY USE ONLY

Body Fluid Cytology

☐ 88104 Smears with Interpretation
☐ 88108 Concentration with Interpretation, ThinPrep Filtration Preparation with Interpretation
☐ 88305 Cell Block
☐ 88312 Special Stains

Fine Needle Aspirate

☐ 10021 FNA Performed By Pathologist
☐ 88172 Evaluation for Adequacy Interpretation and Report
☐ 88173 Interpretation and Report, Technical Portion
☐ 88177 FNA Adequacy Check

Misc

Health ONE Sky Ridge Medical Center 20015 (05/11)

Patient Information/Label

Non-GYN Cytology

POS
20015 (05/11) White = Laboratory Yellow = Physician