
		<h2 style="text-align: center;">GASTROENTEROLOGY PATHOLOGY REQUEST</h2>																	
<p>NOTE: WHEN ORDERING TESTS FOR WHICH FEDERALLY FUNDED REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT, RATHER THAN FOR SCREENING PURPOSES.</p>		REQUESTED BY _____																	
PATIENT LAST NAME	FIRST NAME	MI																	
PATIENT DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F																	
PATIENT PHONE NO.	MR #	ADDITIONAL COPY OF RESULTS TO:	ACCESSION NUMBER																
PATIENT ADDRESS		CITY, STATE, ZIP	EMPLOYER																
RESPONSIBLE PARTY NAME (Last, First, MI) (If Other Than Patient)		RESPONSIBLE PARTY ADDRESS																	
		CITY, STATE, ZIP																	
PRIMARY INSURANCE	ADDRESS	INSURANCE ID#	GROUP #																
SECONDARY INSURANCE	ADDRESS	INSURANCE ID#	GROUP #																
BILL TO: <input type="checkbox"/> INSURANCE <input type="checkbox"/> PHYSICIAN/ FACILITY <input type="checkbox"/> PATIENT																			
TISSUE / SURGICAL SPECIMEN SITE																			
GASTROENTEROLOGY PATHOLOGY																			
DATE OF PROCEDURE																			
NUMBER OF VIALS		ICD 9 CM																	
BIOPSY SITE: <table border="0" style="width: 100%;"> <tr><td>A</td><td>_____</td></tr> <tr><td>B</td><td>_____</td></tr> <tr><td>C</td><td>_____</td></tr> <tr><td>D</td><td>_____</td></tr> <tr><td>E</td><td>_____</td></tr> <tr><td>F</td><td>_____</td></tr> <tr><td>G</td><td>_____</td></tr> <tr><td>H</td><td>_____</td></tr> </table>				A	_____	B	_____	C	_____	D	_____	E	_____	F	_____	G	_____	H	_____
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CLINICAL HISTORY <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> DIVERTICULOSIS (PAN, C, RT, LT, S) (few, mild, moderate, severe)</td> <td><input type="checkbox"/> INTERNAL HEMORRHOIDS (small, medium large grade 1 2 3 4)</td> </tr> <tr> <td><input type="checkbox"/> DIVERTICULOSIS</td> <td><input type="checkbox"/> EXTERNAL HEMORRHOIDS (small, medium large fibrous)</td> </tr> <tr> <td><input type="checkbox"/> COLITIS (C, AS, HEP, T, SP, D, S, R)</td> <td><input type="checkbox"/> IRRITABLE BOWEL SYNDROME</td> </tr> </table>				<input type="checkbox"/> DIVERTICULOSIS (PAN, C, RT, LT, S) (few, mild, moderate, severe)	<input type="checkbox"/> INTERNAL HEMORRHOIDS (small, medium large grade 1 2 3 4)	<input type="checkbox"/> DIVERTICULOSIS	<input type="checkbox"/> EXTERNAL HEMORRHOIDS (small, medium large fibrous)	<input type="checkbox"/> COLITIS (C, AS, HEP, T, SP, D, S, R)	<input type="checkbox"/> IRRITABLE BOWEL SYNDROME										
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LAB USE ONLY: _____ _____ _____																			