PRECISION PATHOLOGY
"A Spirit of Excellence"

Lab Use Only:
Tech Initial:
Accession #:_____
Date/Time:_____

GI PATHOLOGY REQUISITION

87256

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address		Apt. #
City	State	Zip
Patient Phone Number	Patient Social Security Number	
Date of Birth / /	Age	Sex	Client ID #

Bill:
- ☐ Insurance
- ☐ Medicare
- ☐ Medicaid
- ☐ Worker's Comp
- ☐ Patient
- ☐ Physician
- ☐ Hospital
- ☐ Other

- ☐ Inpatient
- ☐ Outpatient
- ☐ Emergency Room

Insurance ☐ Secondary Insurance Information Attached

Name/Relationship to Insured: ☐Self ☐Spouse ☐Dependent

Company Name

Address

City | State | Zip

Employer Name

Group/Contract # | Member ID #

Medicare # | Medicaid ID #

CLIENT INFORMATION

Treating Physician | UPIN #

Physician's Signature X_____

Send Duplicate of Report to:

Name_____

Address/Fax_____

ESOPHAGUS / STOMACH / DUODENUM

Bottle #								
Biopsy								
Polyp								
Esophagus								
Centimeter								
Cardia/Fundus								
Antral Body								
Body								
Antrum								
Duodenum 2nd								
Duodenum 3rd								
Other								

LARGE BOWEL / SMALL BOWEL

Bottle #								
Biopsy								
Polyp								
Ileum								
Iliocecal valve								
Cecum								
Ascending								
Hepatic Flexure								
Transverse								
Splenic Flexure								
Descending								
Sigmoid								
Rectum								
Other								

COLLECTION INFORMATION

Date_____ Time_____

CLINICAL HISTORY (check all that apply)

- ☐ Family HX of Cancer
- ☐ HX of Cancer
- ☐ Anemia
- ☐ NSAID Usage
- ☐ HX of Barrett's Esophagus
- ☐ Dyspepsia
- ☐ Heartburn
- ☐ Reflux
- ☐ HX H. Pylori
- ☐ Nausea/Vomiting
- ☐ GERD
- ☐ Diarrhea
- ☐ Rectal Bleeding
- ☐ Bleeding
- ☐ Hem Pos Stool
- ☐ HX of Polyps
- ☐ HX Idiopathic Inflammatory Bowel Disease
- ☐ Other:_____

POST-OPERATIVE DIAGNOSIS

COMMENTS

Precision Pathology • 12315 Judson Rd., Suite 114, Live Oak, TX 78233 Tel: 210-646-0890 • Fax: 210-646-9191 • www.precisionpath.us • CAP No. 7221111

PPS COPY