

# Pathology Consultants, P.C.

Bringing Pathology Services to Your Community

## NON-GYN CYTOLOGY REQUEST FORM

3502 Franklin Avenue (58503)  
Box 2036  
Bismarck, ND 58502  
Phone (701) 222-2480  
(800) 645-1003  
Fax (701) 258-0512

SHADED AREAS MUST BE COMPLETED FOR THIRD PARTY BILLING

LAST NAME		FIRST NAME		MI	CHART NUMBER		CONTROL NUMBER	
RESPONSIBLE PARTY		PATIENT <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF SERVICE		CLIENT NAME			CLIENT #
STREET ADDRESS			PHONE		HEALTHCARE PROVIDER PERFORMING PROCEDURE			
CITY		STATE		ZIP	COURTESY COPY			
PATIENT D.O.B.		PATIENT SOCIAL SECURITY #			BLUE SHIELD #	MEDICARE #	MEDICAID #	
<input type="checkbox"/> SMOKER		<input type="checkbox"/> NON-SMOKER		COMMERCIAL INSURANCE & POLICY #				
SPUTUM <input type="checkbox"/>		COMMERCIAL INSURANCE ADDRESS						
BRONCHIAL <input type="checkbox"/> RIGHT BRONCHIAL <input type="checkbox"/> LEFT BRONCHIAL		CLINICAL Hx						
URINE <input type="checkbox"/> VOIDED <input type="checkbox"/> CATHETERIZED		DIAGNOSIS						
BODY FLUID <input type="checkbox"/> RIGHT PLEURAL <input type="checkbox"/> LEFT PLEURAL <input type="checkbox"/> ABDOMINAL		COMMENTS:						
BREAST <input type="checkbox"/> NIPPLE DISCHARGE <input type="checkbox"/> ASPIRATE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT		IP-Inpatient   OP-Outpatient   TCU-Transitional Care Unit   S.B.-Swing Bed						
FINE NEEDLE ASPIRATION <input type="checkbox"/>		Circle one that applies						
SPECIMEN SOURCE: _____		Form must be completed & legible for patient billing.						
PREPARED SLIDES		<input type="checkbox"/> FIXED _____ Number of Slides		<input type="checkbox"/> UNFIXED _____ Number of Slides				

SEND ALL SPECIMENS IN EQUAL VOLUME CYTOLYT

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