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

NON-GYN CYTOLOGY REQUEST FORM

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LAST NAME		FIRST NAME	٨	II CHART NUMBER	CONTROL	NUMBER
MA		PATIENT MALE FEMALE	DATE OF SERVICE	CLIENT NAME	I	CLIENT #
STREET ADDRESS			PHONE	HEALTHCARE PROVIDER PER	RFORMING PROCEDURE	
CITY	STATE ZIP			COURTESY COPY		
PATIENT D.O.B.	B. PATIENT SOCIAL SECURITY #		BLUE SHIELD #	MEDICARE #	MEDICAID #	
			KER	COMMERCIAL INSURANCE &	POLICY #	
SPUTUM				COMMERCIAL INSURANCE AE	DDRESS	
BRONCHIAL	RIGHT BRONCHIA		CHIAL	CLINICAL Hx		
URINE			ZED			
BODY FLUID	RIGHT PLEURAL	LEFT PLEUF		DIAGNOSIS		
BREAST	INIPPLE DISCHARG	SE 🔲 ASPIRATE				
FINE NEEDLE ASPIRATION				COMMENTS:		
SPECIMEN	I SOURCE:			- IP-Inpatient OP-Out	tpatient TCU-Transitional	Care Unit S.BSwing Bed
PREPARED S		ED	UNFIXED	-	Circle one that applie must be completed & legible	es
Michael J. Lasz Wesley A. Elliso Jared L. Schmin Elena R. Rodge	on, M.D. dt, M.D. ers-Rieger, M.D.	NON-0	Bringing Pathology Se BYN CYTOLC IPLETED FOR THIRD I	DISULTANTS rvices to Your Community DGY REQUEST PARTY BILLING IL ICHART NUMBER		Box 2036 Bismarck, ND 58502 Phone (701) 222-2480 (800) 645-1003 Fax (701) 258-0512
RESPONSIBLE PAR	ТҮ	PATIENT MALE FEMALE	DATE OF SERVICE	CLIENT NAME		CLIENT #
STREET ADDRESS PHONE			HEALTHCARE PROVIDER PERFORMING PROCEDURE			
CITY	STATE ZIP			COURTESY COPY		
PATIENT D.O.B.	PA	TIENT SOCIAL SECURIT	Y #	BLUE SHIELD #	MEDICARE #	MEDICAID #
				COMMERCIAL INSURANCE &	POLICY #	
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