

ANATOMIC PATHOLOGY OUTPATIENT SERVICES

GRAND TRAVERSE PATHOLOGY PLLC

MUNSON MEDICAL CENTER TRAVERSE CITY, MI 49684

MUNSON HEALTHCARE CADILLAC HOSPITAL CADILLAC, MI 49601

MUNSON HEALTHCARE GRAYLING HOSPITAL GRAYLING, MI 49738

PATIENT LEGAL NAME - LAST FIRST MIDDLE INIT SEX

MARITAL STATUS PREVIOUS LAST NAME (if applicable)

ADDRESS CITY STATE ZIP

BIRTH DATE SOC. SEC. NO. PATIENT PHONE NUMBER

GUARANTOR NAME - RESPONSIBLE FOR PAYMENT (fill in only if different from patient's) LAST / FIRST / MI / BIRTH DATE

GUARANTOR ADDRESS CITY STATE ZIP TELEPHONE NUMBER

INSURANCE INFORMATION: Please fill out below or attach copy of insurance card(s)

Primary Insurance: Medicare Medicaid BC/BS Other

SUBSCRIBER # GROUP #

SUBSCRIBER NAME RELATIONSHIP

PHYSICIAN SIGNATURE DATE

COPY OF REPORT TO:

DO NOT WRITE IN THIS SPACE
Medical Record No: _____
Pap Number: _____
BAR CODE LABEL

CLINICAL HISTORY / PRE-OP DIAGNOSIS

[Large empty space for clinical history and pre-op diagnosis]

COLLECT DATE DATE RECEIVED

TISSUE SUBMITTED:
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

CYTOPATHOLOGY - Non-Gynecologic

Specimen Site: _____ Right Left
Diagnosis/Code/Narrative: _____
 Urine, Voided Pericardial Fluid Esophageal Brushing
 Urine, Catheter Peritoneal Fluid Cerebrospinal Fluid
 Urine, Cytoscopy Pleural Fluid Nipple Discharge
 Bladder Washing Pelvic Washing Other Specimen
 Bronchial: *Site:* _____ Anal Pap *Specify:* _____
 Brushing Washing Fine Needle Aspirate
 BAL Wang Needle Sputum

CYTOPATHOLOGY - Gynecologic

Specimen Type: Cervical Endocervical Vaginal Other: _____
Diagnosis/Code/Narrative: _____

TEST: **Screening Pap** Dx: Screening (Z124) Frequency ABN required for Medicare patients.
 Diagnostic Pap Patient has had previous abnormal tests or findings, symptoms, or significant complaints. Dx: _____
 High Risk HPV Test (*Thin Prep vial only*):
 If ASCUS Regardless of Results Diagnosis for HPV: Screening (Z1151)
 If Negative All Atypical / Abnormal Results Other: _____
 Anal/Rectal High Risk HPV (*Dacron swab swished vigorously in Thin Prep vial*)

*****RELEVANT HISTORY - Testing will be delayed if not provided*****
LMP: _____ **LMP Unavailable** (*For women less than 50, a LMP or reasonable estimate is required*)
 Pregnant: **Weeks:** _____ Postpartum: **Weeks:** _____ GYN Complaint: _____
 Previous Abnormal Pap Abnormal Cervix Previous GYN Cancer: _____
 Hormonal Therapy Hysterectomy Previous GYN Surgery: _____
 IUD In Place Supracervical Hysterectomy _____
 Postmenopausal Chemotherapy/Radiation Significant Non-GYN Disease/Abnormality: _____