

John A. Hipp, M.D.
 Ward D. Fredrickson, M.D.
 Michael J. Laszewski, M.D.
 Laurie J. Linz, M.D.
 Wesley A. Ellison, M.D.
 Jared L. Schmidt, M.D.

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				_____		
BODY FLUID <input type="checkbox"/> RIGHT PLEURAL <input type="checkbox"/> LEFT PLEURAL <input type="checkbox"/> ABDOMINAL				DIAGNOSIS		
BREAST <input type="checkbox"/> NIPPLE DISCHARGE <input type="checkbox"/> ASPIRATE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT				_____		
FINE NEEDLE ASPIRATION <input type="checkbox"/>				COMMENTS:		
SPECIMEN SOURCE: _____				_____		
PREPARED SLIDES		<input type="checkbox"/> FIXED _____	<input type="checkbox"/> UNFIXED _____	IP-Inpatient OP-Outpatient TCU-Transitional Care Unit S.B.-Swing Bed		
		Number of Slides	Number of Slides	Circle one that applies		

SEND ALL SPECIMENS IN EQUAL VOLUME CYTOLYT

Form must be completed & legible for patient billing.