V Raman Sukumar, MD
Medical Director

Doctors Pathology Services

PATIENT INFORMATION

Last	First	M
SSN		
Date of birth	Sex (circle one) M F	
Address		
City, State ZIP		
Phone		

PHYSICIAN INFORMATION

Date

Office site

Ordering physician

Primary care / Copies to

PRECERT / PREAUTHORIZATION / REFERRAL #

Label specimens with patient info and tissue type submitted and place in bio-bag

Please attach photocopy of patient's insurance card

CLINICAL HISTORY / MEDICATIONS / ICD-9 or DIAGNOSIS

Previous Smear (Date and Diagnosis if not DPS)

SURGICAL AND NON-GYN CYTOLOGY

Tissues or Non-GYN Cytology Submitted

a.

b.

c.

d.

e.

f.

g.

h.

GYN-CYTOLOGY

Required

☐ Screening
☐ Diagnostic

If Medicare, follow policy. Submit Advance Beneficiary Notice (ABN), if applicable

ThinPrep Source

☐ Cervical ☐ Vaginal LMP:

Additional Tests

☐ HPV - High-Risk ☐ CT/GC on ThinPrep
☐ HPV - High-Risk if ASCUS

Check All That Apply

☐ Cancer ☐ IUD ☐ Hysterectomy
☐ Pregnant ☐ Hormonal Rx ☐ Cryo Rx
☐ Other ☐ Oral Contr. ☐ LEEP