

ANATOMIC PATHOLOGY OUTPATIENT SERVICES

GRAND TRAVERSE PATHOLOGY PLLC

MUNSON MEDICAL CENTER TRAVERSE CITY, MI 49684

MUNSON HEALTHCARE CADILLA 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)
S / M / D / W / X

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 PHONE 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

Blank space for clinical history and pre-operative diagnosis.

COLLECT DATE _____ DATE RECEIVED _____

TISSUE SUBMITTED:
A _____
B _____
C _____
D _____
E _____
F _____

CYTOPATHOLOGY - Non-Gynecologic

Specimen Site: _____ Right Left

Diagnosis/Code/Narrative: _____

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

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 If Negative All Atypical / Abnormal Results Screening (Z1151) 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: _____