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# 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					
SPUTUM <input type="checkbox"/>							
BRONCHIAL <input type="checkbox"/> RIGHT BRONCHIAL		<input type="checkbox"/> LEFT BRONCHIAL					
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			
BREAST <input type="checkbox"/> NIPPLE DISCHARGE		<input type="checkbox"/> ASPIRATE		<input type="checkbox"/> RIGHT		<input type="checkbox"/> LEFT	
FINE NEEDLE ASPIRATION <input type="checkbox"/>							
SPECIMEN SOURCE: _____							
PREPARED SLIDES		<input type="checkbox"/> FIXED _____		<input type="checkbox"/> UNFIXED _____			
		Number of Slides		Number of Slides			
COMMERCIAL INSURANCE & POLICY #							
COMMERCIAL INSURANCE ADDRESS							
CLINICAL Hx					_____		
DIAGNOSIS					_____		
COMMENTS:					_____		
IP-Inpatient					OP-Outpatient	TCU-Transitional Care Unit	S.B.-Swing Bed
Circle one that applies							

SEND ALL SPECIMENS IN EQUAL VOLUME CYTOLYT

Form must be completed & legible for patient billing.