



Green Clinics Laboratory

Fady Gerges, MD

Medical Director

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Label

HISTOPATHOLOGY

PATIENT INFORMATION

Last Name		First Name		M.I.
Street Address	Apt#	City	State	Zip
Phone	SSN	D.O.B.	<input type="radio"/> Male <input type="radio"/> Female	

INSURANCE INFORMATION - Please attach copies of insurance cards

Insurance Name	ID #	Group #
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Bill Medicare
 Bill Medicaid
 Bill Patient
 Bill Client

ICD CODES								
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Clinical History and/or Radiologic findings:

GASTROENTEROLOGY

1	<input type="radio"/> Polyp <input type="radio"/> Biopsy	<input type="radio"/> Duodenum <input type="radio"/> Ilium/ICJ <input type="radio"/> Descending	<input type="radio"/> Esophagus/GEJ <input type="radio"/> Transverse <input type="radio"/> Anus	<input type="radio"/> Ascending <input type="radio"/> Sigmoid	<input type="radio"/> Rectum <input type="radio"/> Fundus	<input type="radio"/> Antrum <input type="radio"/> Cecum	Clinical Dx:
2	<input type="radio"/> Polyp <input type="radio"/> Biopsy	<input type="radio"/> Duodenum <input type="radio"/> Ilium/ICJ <input type="radio"/> Descending	<input type="radio"/> Esophagus/GEJ <input type="radio"/> Transverse <input type="radio"/> Anus	<input type="radio"/> Ascending <input type="radio"/> Sigmoid	<input type="radio"/> Rectum <input type="radio"/> Fundus	<input type="radio"/> Antrum <input type="radio"/> Cecum	Clinical Dx:
3	<input type="radio"/> Polyp <input type="radio"/> Biopsy	<input type="radio"/> Duodenum <input type="radio"/> Ilium/ICJ <input type="radio"/> Descending	<input type="radio"/> Esophagus/GEJ <input type="radio"/> Transverse <input type="radio"/> Anus	<input type="radio"/> Ascending <input type="radio"/> Sigmoid	<input type="radio"/> Rectum <input type="radio"/> Fundus	<input type="radio"/> Antrum <input type="radio"/> Cecum	Clinical Dx:
4	<input type="radio"/> Polyp <input type="radio"/> Biopsy	<input type="radio"/> Duodenum <input type="radio"/> Ilium/ICJ <input type="radio"/> Descending	<input type="radio"/> Esophagus/GEJ <input type="radio"/> Transverse <input type="radio"/> Anus	<input type="radio"/> Ascending <input type="radio"/> Sigmoid	<input type="radio"/> Rectum <input type="radio"/> Fundus	<input type="radio"/> Antrum <input type="radio"/> Cecum	Clinical Dx:
5	<input type="radio"/> Polyp <input type="radio"/> Biopsy	<input type="radio"/> Duodenum <input type="radio"/> Ilium/ICJ <input type="radio"/> Descending	<input type="radio"/> Esophagus/GEJ <input type="radio"/> Transverse <input type="radio"/> Anus	<input type="radio"/> Ascending <input type="radio"/> Sigmoid	<input type="radio"/> Rectum <input type="radio"/> Fundus	<input type="radio"/> Antrum <input type="radio"/> Cecum	Clinical Dx:

DERMATOLOGY / PLASTIC / OPHTHALMOLOGY

DERMATOLOGY / PLASTIC / OPHTHALMOLOGY			PODIATRY				
1	Site:	<input type="radio"/> Punch <input type="radio"/> Shave <input type="radio"/> Excision	Clinical Dx:	1	Specimen:	<input type="radio"/> Nail <input type="radio"/> Nail Bed <input type="radio"/> Skin	Clinical Dx:
2	Site:	<input type="radio"/> Punch <input type="radio"/> Shave <input type="radio"/> Excision	Clinical Dx:	2	Specimen:	<input type="radio"/> Nail <input type="radio"/> Nail Bed <input type="radio"/> Skin	Clinical Dx:
3	Site:	<input type="radio"/> Punch <input type="radio"/> Shave <input type="radio"/> Excision	Clinical Dx:	3	Specimen:	<input type="radio"/> Nail <input type="radio"/> Nail Bed <input type="radio"/> Skin	Clinical Dx:
4	Site:	<input type="radio"/> Punch <input type="radio"/> Shave <input type="radio"/> Excision	Clinical Dx:	4	Specimen:	<input type="radio"/> Nail <input type="radio"/> Nail Bed <input type="radio"/> Skin	Clinical Dx:

ORAL PATHOLOGY

	Site	Clinical Appearance	Radiographic Appearance	Clinical Impression	Relevant History
1					
2					

Physician Signature: _____ Date _____ / _____ / _____