Green Clinics Laboratory

Fady Gerges, MD
Medical Director

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Label

GYN PATHOLOGY

PATIENT INFORMATION

Last Name		First Name		M.I.
Street Address	Apt#	City	State	Zip
Phone	SSN		D.O.B.	❍ Male ❍ Female

INSURANCE INFORMATION - Please attach copies of insurance cards

Insurance Name	ID #	Group #

❍ Bill Medicare ❍ Bill Medicaid ❍ Bill Patient ❍ Bill Client ❍ Self Pay ❍ Hardship (Please call)

ICD CODES								

Clinical History and/or Radiologic findings:

GYNECOLOGIC HISTOLOGY

Indicate site: cervical, vaginal, vulvar, ECC., LEEP., etc.

1	
2	
3	
4	
5	
6	

RELEVANT HISTORY (check all that apply)

❍ Abnl. Appearing Cervix
❍ Postpartum
❍ History of Adeno CA
❍ History of Invasive CA
❍ Prior Conization
❍ Colposcopy w/Biopsy
❍ Prior Cryosurgery
❍ Prior LEEP/Laser Surgery
❍ History of Radiation
❍ BC / OCP
❍ Depo Provera
❍ IUD
❍ Pregnant

❍ Hormone Therapy
❍ Prior Hysterectomy
❍ Post Menopausal
❍ Abnormal Bleeding
❍ History of Abnormal Pap
Specify: ________________
____
❍ Other: ________________
____

GYNECOLOGIC CYTOLOGY

SPECIMEN SOURCE

❍ Cervix/Endocervix ❍ Vagina ❍ Breast

TEST SUBMITTED

❍ Thin Prep™ ❍ SurePath™
❍ HPV (Reflex) ❍ HPV
❍ CT/GC ❍ HSV
❍ Breast Pap Test
❍ Other: ________________________________

Physician Signature: ________________________________ Date _______ / _______ / _______