



DREXEL UNIVERSITY COLLEGE OF MEDICINE

In the Tradition of Woman's Medical College of
Pennsylvania and Hahnemann Medical College™

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Lower GI Requisition



Physician Information

Patient Information

COLLECTION DATE: ____/____/____

SUBMITTING PHYSICIAN/UPIN

REFERRING PHYSICIAN

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Patient Soc Sec No _____ D.O.B. _____

PATIENT LAST NAME FIRST NAME MIDDLE

STREET ADDRESS

CITY STATE ZIP

GENDER: ☐ M ☐ F PATIENT PHONE #: _____

Billing Information

Please provide the current ICD-9 code(s) ICD9 Code(s) _____ (REQUIRED)

Please complete billing information below or attach a separate sheet with the needed information

☐ Billing information attached

Bill to: ☐ Your practice/facility ☐ Patient ☐ Medicare # _____ ☐ Medicaid # _____ ☐ HMO Referral # _____ ☐ PPO ☐ Insurance

Insurance company/HMO Name State Name of employer Policy No. Group No.

Insurance Company Street Address City State Zip Code

Name of Insured (if other than patient) Patient's relationship to insured ☐ Spouse ☐ Child ☐ Other

Clinical Data

Clinical Concerns

Procedure Code

SYMPTOMS, SIGNS AND HISTORY

- ☐ Bleeding
- ☐ Diarrhea
- ☐ Diarrhea (watery)
- ☐ Weight loss
- ☐ Pain
- ☐ Heme Positive Stool
- ☐ NSAID use

- ☐ Rule out microscopic colitis
- ☐ Polyp/neoplasm surveillance
- ☐ Rule out viral inclusions
- ☐ Rule out parasite/protozoa
- ☐ Other _____
- ☐ Attached endoscopic report

- ☐ Rule out inflammatory bowel disease
- ☐ Rule out Crohn's disease
- ☐ Rule out Ulcerative colitis
- ☐ Rule out dysplasia
- ☐ Rule out carcinoma
- ☐ Rule out lymphoma

Enter code below if >1 procedure

- ☐ Biopsy (B)
- ☐ Brushing (BR)
- ☐ Washing (W)
- ☐ Polypectomy (P)

Specimen

Anatomic Site (check one)

Location

Procedure code

Endo codes

#	From	Ileum	ICV	Cecum	Ascending	HepFlex	Transverse	SplenFlex	Descending	Sigmoid	Rectum	Proximal	Mid	Distal		Endo Findings
	cm															
	cm															
	cm															
	cm															
	cm															
	cm															
	cm															
	cm															
	cm															
	cm															

Colonoscopic findings (ENTER ABOVE AS ENDO FINDINGS)

Pathology Services

- 1. Erosion
- 2. Erythema
- 3. Granularity
- 4. Mass
- 5. Normal
- 6. Polyp
- 7. Polyposis
- 8. Pseudomembrane
- 9. Diverticula
- 10. Stricture
- 11. Ulcer
- 12. Other _____

- ☐ HISTOLOGY: Special stains or immunostains to be performed if deemed necessary by pathologist
- ☐ CONSULTATION: On referred slides (please send pathology report)
- ☐ CONSULTATION: On referred material requiring slide prep (please send pathology report)
- ☐ CYTOLOGY: Special stains or immunostains to be performed if deemed necessary by pathologist
- ☐ FLOW/CYTOGENETICS: Molecular studies to be performed if deemed necessary by pathologist