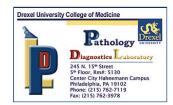


In the Tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College $^{\text{\tiny TM}}$

Lower GI Requisition



245 N. 15th Street, NCB 5th Floor Room: 5130, Mail Stop: 435, Philadelphia, PA 19102, Tel: 215-762-7119, Fax: 215-762-3801, website: http://pdl.drexelmed.edu

Physician Information												Patient Information							
COLLECTION DATE:/												5 N							
SUBMITTING PHYSICIAN/UPIN					REFE	REFERRING PHYSICIAN					Patient Soc Sec No				D.O.B.				
Name:											PATIENT LAST NAME FIR			FIRST NA	RST NAME MIDDLE				
				Name:															
Addre	ss:	Addr	Address:					STREET ADDRESS											
Phone):	Phor	Phone:					CITY				STATE ZIP							
Fax:						Fax:					GENDER: □M □F PATIENT PHONE #:								
									Billing Info	ormation									
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 # 🗆 Medicard # 🗆 HMO Referral # 🗆 PPO 🗆 Insurance														nce					
Insurance company/HMO Name							State					Name of employer Policy				y No. Group No.			
Insurance Company Street Address							City				State				Zip Code				
Name	of Insured	(if other	than	patient)				Patien	t's relation	ship to insu	red 🗆 Spo	use \square	Child \square	Other					
Clinical Data Clinical Concerns															Procedu	re Code			
											□ Rule out inflammatory bowel disease □ Er				nter code below if >1 procedure				
□ Bleeding □ Diarrhea					□ Rule	□ Rule out viral inclusions					☐ Rule out Ulcerative colitis				□ Biopsy (B) □ Brushing (BR)				
□ Diarrhea (watery) □ Weight loss												□ Rule out dysplasia □ Rule out carcinoma				□ Washing (W) □ Polypectomy (P)			
□ Pai			_						□ Rule out lymphoma				•	, ,,,					
	AID use	1001				☐ Attached endoscopic report													
Specir	nen			Anatomic Site (check one)						Locatio				on Procedure Endo code codes					
#	From	lleum	ICV	Cecum	Ascending	HepFlex	Trans	verse	SplenFlex	Descending	Sigmoid	Rectum	Proximal	Mid	Distal	toue	Endo Findings		
	cm																		
	cm cm																		
	cm																		
	cm						 												
	cm																		
	cm																		
Colonoscopoic findings (ENTER ABOVE AS ENDO FINDINGS) Pathology Servi											v Services								
										Ī				1 • (l.	and alone to		
	sion thema	5. Normai 6. Polyp				9. Diverticula 10. Stricture			☐ HISTOLOGY: Special stains or immunostains to be performed if deemed necessary by pathologist ☐ CONSULTATION: On referred slides (please send pathology report)										
3. Gro	ınularity	7.	Polypo		11. Ulc	11. Ulcer			□ CONSULTATION: On referred material requiring slide prep (please send pathology report)										
4. Ma	SS	8.	Pseud	omembro 12. Ot		_	☐ 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												