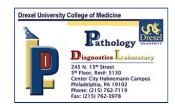


Upper GI Requisition



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

245 N. 15th Street, NCB 5th Floor Room: 5138, 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:/										Destruct Con Con No.									
SUBMITTING PHYSICIAN/UPIN REFERRING PHYSICI							IAN	ľ	Patient Soc Sec No				D.O.B.						
·										PATIENT LAST NAME FIRS				NAME MIDDLE					
Address: Address:										STREET ADDRESS									
										JINLLI ADDNESS									
Phone: Phone					Phone: _	hone:				CITY				STATE ZIP					
Fax: Fax:					Fax:					GENDER: □M □F PATIENT PH				HONE #:					
Billing Information																			
Please provide the current ICD-9 code(s) ICD9 Code(s) 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 #Medicaid #MRO Referral #PPO Insurance																			
Insurance company/HMO Name State										Name of employer Policy No					o. 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																			
Clinic	al Data						Endos	copic Find	lings					Proc	edure Co	de			
SYMPTOMS, SIGNS AND HISTORY Reflux Anorexia Iron deficient anemia Dyspepsia Pain History of carcinoma Weight loss Bleeding History of Iymphoma Heartburn Diarrhea History of H. pylori Nausea NSAID use History of Barrett's esopho						a 1a	1. Erosion 6 2. Erythema 7 3. Granularity 8 4. Mass 9			Polyp 12. U Polyposis 13. Bo Pseudomembrane 14. H			icture			ng (BR) ng (W)			
Specimen Anatomic S						nic Site (c	heck one)		L				ion Procedure Endo code code						
#	From	Esophagus	EG Jtn	Cardia	Fundus	Body	Antro-body	Antrum	Pylorus	Duod bulb	Duod enum	Other	Proximal	Mid	Distal		Endo Findings		
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Clinical Concerns Pathology Services																			
□ R, □ R, □ R,	R/O BE R/O Fungi R/O GIST HISTOLOGY: Special stains or immunostains to be performed if deemed necessary by pathologist CONSULTATION: On referred slides (please send pathology report) R/O H. pylori R/O amyloid CONSULTATION: On referred material requiring slide prep (please send pathology report) R/O Sprue R/O Cancer CYTOLOGY: Special stains or immunostains to be performed if deemed necessary by pathologist R/O Lymphoma														ort) athologist				