



DREXEL UNIVERSITY COLLEGE OF MEDICINE

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

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Upper GI Requisition



Physician Information

COLLECTION DATE: __/__/__

SUBMITTING PHYSICIAN/UPIN

Name: _____

Address: _____

Phone: _____

Fax: _____

REFERRING PHYSICIAN

Name: _____

Address: _____

Phone: _____

Fax: _____

Patient Information

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

SYMPTOMS, SIGNS AND HISTORY

- ☐ Reflux ☐ Anorexia ☐ Iron deficient anemia
☐ Dyspepsia ☐ Pain ☐ History of carcinoma
☐ Weight loss ☐ Bleeding ☐ History of lymphoma
☐ Heartburn ☐ Diarrhea ☐ History of H. pylori
☐ Nausea ☐ NSAID use ☐ History of Barrett's esophagus
☐ Attached endoscopic report

Endoscopic Findings

Please write code number in box below (enter codes)

- | | | |
|----------------|-------------------|----------------------|
| 1. Erosion | 6. Normal | 11. Stricture |
| 2. Erythema | 7. Polyp | 12. Ulcer |
| 3. Granularity | 8. Polyposis | 13. Barrett's mucosa |
| 4. Mass | 9. Pseudomembrane | 14. Hiatal hernia |
| 5. Nodularity | 10. Inlet patch | 15. Other _____ |

Procedure Code

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	Esophagus	EG Jtn	Cardia	Fundus	Body	Antro-body	Antrum	Pylorus	Duod bulb	Duod enum	Other	Proximal	Mid	Distal		Endo Findings
	cm																
	cm																
	cm																
	cm																
	cm																
	cm																
	cm																
	cm																
	cm																
	cm																

Clinical Concerns

Pathology Services

- ☐ R/O BE ☐ R/O Fungi ☐ R/O GIST
☐ R/O Dysplasia ☐ R/O viral inclusions
☐ R/O H. pylori ☐ R/O amyloid
☐ R/O Sprue ☐ R/O Cancer
☐ R/O Lymphoma

- ☐ 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