Highlands Pathology							6.	ORDERING PHYSICIAN-LAST NAME, FIRST		
Consultants, P.C.								ORDERING PHYSICIAN-LAST	NAME, FIRST	
www.highlandspath.com 2175 Hwy. 75, Suite 4, Blountville, Billing: 423-323-5290	TN 37617								= 1	
PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL)  CHART #										
PATIENT'S STREET ADDRESS		CITY, STATE, ZIP								
PHONE # DATE OF BIRTH SEX			PATIENT'S I.D. S.S.# (REQUIRED)							
RESPONSIBLE PARTY	RELATIONSHIP TO PA	TIENT	SUBSCRIBER'S	BIRTHDAY						
INSURANCE COMPANY NAME (REQUIRED)		SECONDARY INSURANCE COMPANY NAME					ADDITIONAL REPORT COPIES			
ADDRESS	ADDRESS									
CITY-STATE-ZIP CODE	CITY-STATE-ZIP CODE					TO:FAX REPORT TO:				
POLICY I.D. NO. SEQUENCE GROUP NO.			POLICY I.D. NO. SEQUENCE GROUP NO.					ATTN:		
-						FAX NO.				
COLLECTION DATE/TIME: AM PM PATIENT LOCATION: OFFICE SAME DAY SERVICES ER IN PATIENT OTHER  GYN CYTOLOGY REQUEST										
ICD CM DIACNOSIS CO	DE(C).		GYNCY	TOLOGY RI	EQUEST					
ICD-CM DIAGNOSIS CO	DE(S):			4.4	SHIP					
SPECIMEN SOURCE:  CERVICAL ENDOCERVICAL						AL HISTORY: LMP (REQUIRED):  GNANT WKS.  POST PARTUM				
THINPREP PAP						I. BLEEDING POST MENOPAUSAL				
REFLEX HPV IF ASC/LSIL (16/18	HE	contraction of the contract of					TAL HYSTERECTOMY SUPRACERVICAL HYS			
REFLEX HPV IF ASC (16/18 GEN						P IUD HRT NEXPLANON NUVARING				
I LITHINPREP PAP AND HPV SCREENING/CO-TEST (ONLY FOR WOMEN 30-65 YEARS)								ATION CRYOTHERAP		
CHEMOTHERAPY ☐ RADIATION ☐ PREV. DYSPLASIA  NON-GYN CYTOLOGY REQUEST										
SPECIMEN SOURCE:  BRONCHIAL BRUSHING SITE _  BRONCHIAL WASHING SITE _  BRONCHOALVEOLAR LAVAGE  SPUTUM PNEUMOCYSTIS S  NIPPLE DISCHARGE _  FINE NEEDLE ASPIRATION  SITE: CYS	NE CATH VOID				COPD MASS PNEUI HEMO SOB HEMA	ASS NEUMONIA EMOPTYSIS				
SURGICAL PATHOLOGY REQUEST										
CLINICAL DIAGNOSIS (REQUIR	OPERATION:									
TISSUE SUBMITTED										
	OU REMEMB				SIGNATUR	E OF PERSO	N COMPLET	ING THIS FORM:		
TO INCLUDE DIAGNOSIS COD	SEE ASSESSMENT TO A SECOND FOR	REQUE	ST OR MARK TE	ST(S)?					VELLOW CORY: CLIENT	