

THIN PREP AND CONVENTIONAL PAP SMEAR REQUISITION
 CENTRAL OREGON PATHOLOGY CONSULTANTS / CENTRAL OREGON REGIONAL PATHOLOGY SERVICES
 1348 NE Cushing Dr. Bend, OR 97701 Phone 541.382.7696 Fax 541.389.5723

Reorder from thesolgroup.com | (800) 388-3650 | (208) 342-3676

Name _____ Date of Birth: _____
Last First M.I.

Pt. Address _____ Phone: _____

BILLING INFORMATION

Bill to: Patient Insurance Medicare Office
 Responsible Party: _____ Insurance: _____
 Group / Policy #: _____ ID #: _____

THIN PREP PAP WITH HPV TESTING

Cotesting (HR HPV testing plus pap for women 25-65 yrs of age)
 HPV 16/18 genotyping if HR HPV positive
 HPV regardless of age and pap diagnosis
 HPV 16/18 genotyping if HR HPV positive
 HPV ONLY - primary HPV testing only with reflex to HPV 16/18 if HR HPV positive

SPECIMEN SOURCE: Vaginal Cervical / Endocervical Cervical

CLINICAL HISTORY

LMP _____ Postmenopausal Hysterectomy Pregnant Post-Partum
 > 3 years since last Pap PM bleeding Irregular Menses IUD Prior carcinoma
 Oral Contraceptives Hormone Therapy Tamoxifen Other _____

CLINICAL PROCEDURES

Colposcopy Cryosurgery LEEP Radiation Other _____

REASON FOR PAP:

Non-Medicare Routine Screening (Please check box below)
 Routine Gyn Exam w/o Abnormal Findings - Z01.419 Pregnancy Postpartum - Z39.2
 Routine Gyn Exam with Abnormal Findings - Z01.411

Medicare Routine Screening Pap (Please check box below and attach ABN if < 24 months since last pap test)
 Routine Gyn Exam - Z01.419 Cervix - Z12.4 Vagina - Z12.72
 Diagnostic Pap Test (ICD-10 required): _____

Chlamydia / GC DNA Probe from Thin Prep vial Trichomonas Vaginalis from Thin Prep vial
 Reason for DNA Probe: Z11.3 STD Screening N72 Cervicitis Other (ICD-10 code required): _____

Date of Service: _____ Clinic: _____

Physician / Provider (please print name): _____