

OFFICE: PLEASE COMPLETE ALL INFORMATION IN SHADED AREAS

CYTOPATHOLOGY LAB
(NOT FOR PAP SMEARS)

CENTRAL OREGON PATHOLOGY CONSULTANTS, PC

BEND, OREGON

QTY.	CPT	DESCRIPTION	PATIENT NAME - LAST	FIRST	M.I.
	88104	CYTOPATH, SMEAR ONLY: FLUIDS, BRUSHINGS, ETC.	PATIENTS DATE OF BIRTH		
	88108	CYTOPATH: CYTOSPIN	ADDRESS		
	88160	CYTOPATH, OTHER SOURCE, SCREENING & INT.	CITY	STATE	ZIP CODE TELEPHONE
	88162	CYTOPATH EXT. STUDY (> 5 SLIDES)	NAME OF INSURANCE COMPANY		
	88172	FNA IMMED. EXAM	GROUP NO. IDENTIFICATION NUMBER		
	88177	ADDT'L IMMED. EXAM			
	88173	FNA INTERP.	<p style="text-align: center;">FACILITY PLEASE CHECK ONE</p> <input type="checkbox"/> Outpatient Doctor's Office <input type="checkbox"/> SCMC - Bend <input type="checkbox"/> Blue Mountain Hospital <input type="checkbox"/> SCMC - Redmond <input type="checkbox"/> Harney District Hospital <input type="checkbox"/> Lake District Hospital <input type="checkbox"/> Mountain View Hospital <input type="checkbox"/> Pioneer Memorial Hospital		
	88305	CELL BLOCK	ACCESSION DATE/NO. DATE		
	88312	SPECIAL STAINS I (MICRO)			
	88313	SPECIAL STAINS II (OTHER)			
	88342	IMMUNOHISTOCHEMISTRY			
	10021	FNA PROCEDURE	SPECIMEN DATE	PHYSICIAN(S)	
	88112	MONOLAYER PREP	MEDICARE <input type="checkbox"/> YES <input type="checkbox"/> NO		
			BODY SITE		
	NO. SMEARS	1 2 3 4 5 or >			
	CELL BLOCK	<input type="checkbox"/> YES <input type="checkbox"/> NO	CLINICAL INFORMATION		
	CYTO SPIN	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	THIN PREP	<input type="checkbox"/> YES <input type="checkbox"/> NO	REMARKS:		

Centro
 LABORATORIES
 (541) 382-3834

FORM COPC-03 5/11

CYTOPATHOLOGY CHARGE