



Coastal Pathology Laboratories
 Owned and Managed by Charleston Pathology, P.A.
 1128 Lango Avenue
 Charleston, SC 29407
 Phone 843-769-6345 Fax 843-769-7614

SOCIAL SECURITY # _____

PATIENT NAME
 LAST _____ FIRST _____ M.I. _____

Street _____

City _____ State _____ Zip _____

SEX	BIRTH DATE (AGE)	CHART #
HOME PHONE # ()	WORK PHONE # ()	

R
E
F
E
R
R
E
D

Complete The Information
 in the Blue Shaded Box
 for Patient and Third
 Party Billing Only

PLEASE INCLUDE A COPY OF INSURANCE CARD(S).

() MEDICARE # _____

() MEDICAID # _____ STATE () _____

INSURANCE CO. _____

INS. CO. ADDRESS _____

POLICY / I.D. #	GROUP #	EMPLOYER #
-----------------	---------	------------

EMPLOYER NAME _____

RELATIONSHIP () SELF () SPOUSE () DEPENDENT

NAME OF INSURED (if different from patient)

NAME (LAST) _____ (FIRST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

REQUESTING PHYSICIAN (PLEASE CHECK ONE)

PHYSICIAN'S SIGNATURE _____

Collection Date _____ Time _____

Rush Call Results to: () STAT

Send Duplicate Report to: _____

HIGH RISK PATIENT YES NO

PREVIOUS ABNORMAL PAP <input type="checkbox"/> ASCUS DATE _____ <input type="checkbox"/> AGUS LAB _____ <input type="checkbox"/> LSIL <input type="checkbox"/> HSIL <input type="checkbox"/> CARCINOMA <input type="checkbox"/> VISIBLE LESION OR MASS <input type="checkbox"/> ABNORMAL VAGINAL BLEEDING <input type="checkbox"/> COLPO. ABNORMALITY <input type="checkbox"/> IMMUNOSUPPRESSED	PREVIOUS ABNORMAL BIOPSY <input type="checkbox"/> LSIL/CIN 1 DATE _____ HPV/MILD DYSPLASIA <input type="checkbox"/> HSIL/CIN II-III LAB _____ MOD/SEV DYSPLASIA/CIS <input type="checkbox"/> CANCER SPEC. TYPE _____ <input type="checkbox"/> SMOKING HISTORY <input type="checkbox"/> BIRTH CONTROL PILLS <input type="checkbox"/> NO PAP IN LAST 3 YRS. <input type="checkbox"/> HIGH RISK PERSONAL HISTORY
---	---

LOW RISK SCREENING:

V76.2 CERVIX (ROUTINE)

V76.47 SPECIAL SCREENING; VAGINAL (S/P HYSTERECTOMY)

V76.49 SPECIAL SCREENING; OTHER SITES

CERVIX ENDOCERVIX VAGINA # SLIDES 1. 2.

CLINICAL HISTORY THINPREP

LMP _____ PREGNANT POST PARTUM POSTMENOPAUSAL

HYSTERECTOMY, YR. _____ IUD EXOGENOUS HORMONES/OC

HIGH RISK SCREENING:

V15.89 CERVIX (BASED ON PERSONAL Hx)

CLINICAL INFORMATION

DIAGNOSTIC PAP SMEAR:

DIAGNOSIS/SYMPTOMS _____ (REQUIRED) (MEDICAL NECESSITY)

GYNECOLOGIC

REASON FOR TESTING

SCREEN (ROUTINE) MATURATION INDEX (Check if Desired)

DIAGNOSTIC - Must list appropriate ICD9 code(s):

ANCILLARY TESTING

HPV High Risk Profile if ASCUS

HPV High Risk Profile with Pap (any diagnosis)

HPV High Risk Profile ONLY (NO PAP TEST)

Chlamydia Trachomatis

Neisseria Gonorrhoea

Chlamydia Trachomatis ONLY (NO PAP TEST)

Neisseria Gonorrhoea ONLY (NO PAP TEST)

ZIPPY PRINT INC. OF SC FORM NO. 3504B (PAP) CYTOLOGY

PAP TEST INFORMATIONAL ADVISORY

The Pap test is a screening test that has reduced the death rate from cervical cancer by over 70%. Most tests are negative and are screened and signed out exclusively by certified cytotechnologists. The Pap test is not perfect. Sometimes abnormal cells may be on your cervix but are not collected or transferred to the slide. Sometime abnormal cells may be on the slide but are not recognized. Additional testing may make your Pap test even more effective and further reduce the rate of false negative tests. See your doctor for a full explanation and information regarding risks and alternatives.