GY	'N		_			
•			ER BEND DRIVE	Name: (Last)	(First)	(MI) REQUIRED
		DALLAS, P 214.638	TX 75247	Address: City: Phone: (Area code first) Social security number:		Apt. number:
		P 800.258	.1253	City:	State:	Zip code:
		F 214.237 www.Prof	Path.com	Phone: (Area code first)	Birth date:	Sex:
				Social security number:	Patient ID number	:
				1) Submit copy of Pat 2) Medicare patients	tient's ID and insurance cards (front a MUST complete ABN form (see reve	and back). REQUIRED
				Bill to:	Relation Relation Relation Relation Relation	onship to insured:
				Patient (self-pay)		pouse e:
tion			J	Name of insured:	Policy / member ID #:	Group #:
rmat				2 Mail claim to:		
Info		Send duplica Name:	te report to:	Address:		
der		Address:		City:	State:	Zip code:
Provider Information	Check appropriate box above to indicate orderin	ng provider.		PHYSICIAN A		(Required)
Δ.	Referring provider: NPI#:	City/State/Z	p: Me	ysicians should only order tests tha edicare Patients: The Advance Bei tient and attached.	CKNOWLEDGEMENT t are medically necessary for the dia neficiary Notice, if required, must l	gnosis or treatment of the patient. be completed, signed by the
osis es	Diagnosis code(s): Required for each test of	ordered.	PEOLUPED - Ph	ysician's gnature:	Date Order	
Diagnosis Codes	1) 2)			Collection date and tin M: D:	ne: Y: Tim	REQUIRED 5
	Routine exam	Previous Pap RE	QUIRED HPV posit	tive 🗌 Radi		D G
iisto	High-risk exam Pregnant		Hysterect	2	ormal bleeding 🛛 🖓 H	CP/Hormone Rx visitory of malignancy
calh	Postpartum wks Postmenopausal	Colposcopic	findings / impress / other information: (specify below)			
Clinical history	LMP (date): Date:					
		anding order for Pap / molec	ular testing	Customized testing		
cytology/ V testing	Cervix / Endocervix (Selecting a test from menu at right with override any existing Vagina Age-based cervical cancer screening*A			^{r)} □ Pap only Pap with reflex high-risk HPV □ High-risk HPV only □ If ASC-US		
ytol test	Other (specify): Age-based cervical cancer abd STI screeni *Includes Pap plus (based on patient age):			Reflex HPV genotypin	ng*	
GYN c HPV	(A) HPV and HPV genotyping (B) HPV, HPV genotyping, C. trachomatis			(regardless of cytology result) Reflex HPV genotyping *		
5	See test menu for details.		0	*On the APTIMA HPV® platform, gen	otyping includes identification of types 1	6 and 18/45.
Molecular testing	Panel testing (ProPathSwab or ThinPrep vial):		ProPathSwab Only BV Expanded	Individual testing (ProPathSwab or ThinPrep vial unless indicated):		
	- Candida - Candida - Gardnerella - Gardnerella	(for high-risk patients) - Chlamydia	Panel - Atopobium	Reflex Candida speciati		 Mycoplasma genitalium* Mycoplasma hominis*
lar t	- Trichomonas - Chlamydia - Gonorrhea	- Gonorrhea - Trichomonas	- BVAB2 - Garnerella - Lacto. Sp.	□ Gardnerella vaginalis □ Group B Streptococcus	□ Neisseria □ Syphilis (gonorrhoeae Treponema pallidum)*
lecu		- Chlamydia	- Megasphaera1	(BactiSwab required)		nas vaginalis ma species*
Мо	Reflex Candid speciation if Candida positive	- Gonorrhea - Trichomonas - Gardnerella		(reflex sensitivity testing if GBS		
	Source:	Urine cytology:	10			V55, 04/23
Tissue pathology	9	 Voided Catheterized 	10			
	A) Bladder washing with FISH testing					
	B) [jcc]					
	[60]0					
	C) Anal cytology					
Tis	A) Good Content of Content					
				no includo the diagracio	la(s) at the highest laws later-	noifinity of documented
	Fetal Gender Determination: 🗌 ProXY (Gender Reveal	11) Plea		le(s) at the highest level of spe record for this requisition dat	