

OB/GYN ORDER SHEET



835 Hospital Road Indiana PA 15701

COLLECTION DATE: _____

PATIENTS NAME: (LAST, FIRST, MIDDLE INITIAL)

PATIENTS ADDRESS:

PATIENTS PHONE NO: _____

SEX:
M F

DOB: _____

PATIENTS SSN: _____

INSURANCE NAME: _____

RELATION TO PATIENT: _____

ORDERING PHYSICIAN: _____

INSURANCE POLICY NO: _____

GROUP NUMBER: _____

ATTACH COPY OF BOTH SIDES OF INSURANCE CARDS FOR INSURANCE BILLING

When ordering tests on Medicare & Medicare HMO patients, please only order testing that is medically necessary for the diagnosis or treatment of the patient rather than testing for screening. Medicare covers limited menu of screening tests. Patients will be asked to accept financial responsibility for non-covered testing.

ICD-10 codes (REQUIRED)

CERVICAL/ENDOCERVICAL/VAGINAL SPECIMENS:

- Z12.4 Screening for Malignant Neoplasm
- R87.610 Repeat for ASCUS (Atypical Squamous Cells)
- R87.612/N87.0 Repeat for LGSIL (Low Grade-Mild Dysplasia)
- R87.613/N87.1 Repeat for HGSIL (High Grade-Mod/Severe Dysplasia)
- R87.615 Repeat for Unsatisfactory
- _____ code for other _____

VAGINAL SPECIMENS: (Hysterectomy : patient has NO cervix)

- Z12.72 Screening for Malignant Neoplasm
- R87.620 Repeat for ASCUS (Atypical Squamous Cells)
- R87.622 Repeat for LGSIL (Low Grade-Mild Dysplasia)
- R87.623 Repeat for HGSIL (High Grade-Mod/Sev Dysplasia)
- R87.625 Repeat for Unsatisfactory
- _____ code for other _____

PATIENT HISTORY:

*Specimen Source: (circle all that apply) CERVICAL ENDOCERVICAL VAGINAL
 *LMP _____ *DATE OF LAST PAP _____ RESULT _____
 *PREVIOUS POSITIVE HPV RESULT? (YES OR NO) _____
 *SIGNIFICANT HISTORY? (CONE, LEEP, CRYO, CANCER, POLYP, HIGH RISK...etc.) _____

Circle all that apply:

Pregnant	Birth Control	Discharge	Condyloma
Post Partum	Hormones	Abnormal Bleeding	Suspicious Lesion
Menopause	IUD	Radiation	DES Exposure

CYTOLOGY ORDER:

- ThinPrep PAP w/reflex HPV if **ASCUS**
 IF HPV+...reflex 16/18 Genotyping
- ThinPrep w/reflex HPV if **ASCUS/AGUS/LGSIL/HGSIL**
 IF HPV+...reflex 16/18 Genotyping
- ThinPrep PAP **AND** HPV (BOTH test will be done)
 (Add ICD code: Z11.51)
 IF HPV+...reflex 16/18 Genotyping
- ThinPrep PAP **ONLY** (No HPV will be done)
- HPV **ONLY** (NO PAP will be done)
 (ICD code: Z11.51 for HPV Screen)
 IF HPV+...reflex 16/18 Genotyping

MICROBIOLOGY ORDERS:

REASON: _____ SOURCE: _____

- CGEN Genital Culture
- CSTRPB OB/GYN Strep B Culture
- CHLGC DNA Chlamydia/GC DNA probe
- CWC Wound culture (labia, vulva, abscess, cyst, etc...)
- CGC GC Culture
- HSV Herpes Simplex by PCR
- CVZV Varicella Zoster by PCR
- HSVVZ Herpes and Varicella by PCR
- WET Wet Prep for Yeast or Trichomonas