



Prepaid DPS Pathology Request

PATIENT INFORMATION	Last	First	M
	SSN		
	Date of birth	Sex (circle one) M F	
	Address		
	City, State ZIP		
	Phone		

PHYSICIAN INFORMATION	Date
	Office site
	Ordering physician
	Primary care
	Copy to
	Copy to

Label specimens with patient info and tissue type submitted and place in bio-bag

CLINICAL HISTORY / MEDICATIONS / ICD-9 or DIAGNOSIS

TESTING TO BE COMPLETED	Test	Fee
	<input type="checkbox"/> Liquid Based PAP with Reflex HPV	\$40.00
	<input type="checkbox"/> Liquid Based PAP with HPV	\$90.00
	<input type="checkbox"/> Liquid Based PAP with CT/GC	\$130.00
	<input type="checkbox"/> Liquid Based PAP with CT/GC, HPV	\$170.00
	<input type="checkbox"/> Liquid Based PAP, HPV Reflex, CT/GC	\$150.00
	<input type="checkbox"/> Large Biopsies (LEEP and Wide Excisions)	\$214.00
	<input type="checkbox"/> Small Biopsies (Cervical, EMC, EMB, ECC, Punch, Shave)	\$107.00
	<input type="checkbox"/> FNA	\$150.00
	<input type="checkbox"/> Other (Call for Pricing)	\$ _____
Check # _____ Total: \$ _____		
Bank Name: _____		
<p>*Liquid Based PAP includes Surepath and ThinPrep Make checks payable to: Doctors Pathology Services Title X Cases: Please include \$15.00 check per pap</p>		

GYN-CYTOLOGY	Required	If Medicare, follow policy. Submit Advance Beneficiary Notice (ABN), if applicable
	<input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic	
	ThinPrep or SurePath Source	
	<input type="checkbox"/> Cervical <input type="checkbox"/> Vaginal LMP: _____	
	Check All That Apply	
	<input type="checkbox"/> Cancer <input type="checkbox"/> IUD <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Pregnant <input type="checkbox"/> Hormonal Rx <input type="checkbox"/> Cryo Rx <input type="checkbox"/> Other <input type="checkbox"/> Oral Contr. <input type="checkbox"/> LEEP	
Previous Smear (Date and Diagnosis if not DPS)		