

CUNNINGHAM PATHOLOGY, LLC

924 MONTCLAIR ROAD, SUITE 200
BIRMINGHAM, AL 35213
Birmingham 205-591-7999 • Tuscaloosa 205-752-8576

Embossing Area



081948391



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FORM # CPO1B - 9/07

EASTERN BUSINESS FORMS, INC. BIRMINGHAM, AL (205) 822-6504

Patient Information										
Social Security Number		Date of Birth		Last Name			First Name		Middle Initial	
Street Address			City		State	Zip Code	Telephone Number		Sex	Marital Status
Inpatient or Outpatient?		Room or Visit Number			Medical Record or Account Number		Date of Service & Time			
Attending Physician		Requesting Physician		Physician's Signature			ICD9 Codes			
Responsible Party / Primary Insurance					Attach All Billing Information or Complete Below					
Relationship to Insured <input type="radio"/> Self <input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other		Social Security Number		Date of Birth	Last Name		First Name		M.I.	
Street Address			City		State	Zip Code	Sex	Marital Status		
Telephone Number	Work Number	Employer		Employer Address			City	State	Zip Code	
Insurance Plan			Group Number		Contract Number		Effective Date			
Other Insurance										
Relationship to Insured <input type="radio"/> Self <input type="radio"/> Child <input type="radio"/> Spouse <input type="radio"/> Other		Insurance Plan		Group Number		Contract Number		Effective Date		
Subscriber SSN			Date of Birth	Subscriber Last Name		First Name		M.I.		
Street Address			City		State	Zip Code	Telephone Number		Work Telephone Number	
Sex	Employer		Employer Address			City		State	Zip Code	

Material Submitted:

Histology

Clinical History and Procedure:

Pre-Operative Diagnosis:

Post-Operative Diagnosis:

Frozen Section Diagnosis:

NON-GYN CYTOLOGY:	GYN CYTOLOGY:
Sputum: <input type="radio"/> CSF: <input type="radio"/>	Pap Tests: <input type="radio"/> Monolayer with Reflex HPV Typing <input type="radio"/> Monolayer <input type="radio"/> Conventional Smear
Urine: <input type="radio"/> voided <input type="radio"/> cath <input type="radio"/> other source _____	<input type="radio"/> Monolayer and HPV Typing (includes BOTH TESTS)
UROVYSION™ FISH for Bladder Carcinoma: <input type="radio"/>	Specimen Source: <input type="radio"/> Cervix/Endocervix <input type="radio"/> Vagina
Bronchial: <input type="radio"/> wash <input type="radio"/> brush <input type="radio"/> BAL source _____	Indication: <input type="radio"/> Routine Cytology <input type="radio"/> Follow-up Cytology
Fluid: <input type="radio"/> abdominal <input type="radio"/> pleural <input type="radio"/> pericardial <input type="radio"/> synovial	LMP: _____ <input type="radio"/> Pregnant <input type="radio"/> Postpartum <input type="radio"/> Menopausal
<input type="radio"/> other source _____	Hormones: <input type="radio"/> BCP <input type="radio"/> Progesterone <input type="radio"/> Estrogen Replacement <input type="radio"/> IUD
FNA: <input type="radio"/> thyroid <input type="radio"/> lymph node <input type="radio"/> breast <input type="radio"/> neck	Previous Abnormal: yes/no Diagnosis/Date _____
<input type="radio"/> salivary gland <input type="radio"/> other source _____	Treatment: <input type="radio"/> cone <input type="radio"/> biopsy <input type="radio"/> hyst <input type="radio"/> rad/chemo <input type="radio"/> cryo <input type="radio"/> laser Date _____
GI: <input type="radio"/> brush <input type="radio"/> wash source _____	Additional history: _____
Miscellaneous: <input type="radio"/> fluid <input type="radio"/> smear source _____	

MOLECULAR TESTS: HPV Typing (No pap) Gonorrhea only
 Chlamydia/GC Herpes Simplex Virus I & II
 Chlamydia only

LAB USE ONLY: Gross Description _____
 Sm rec'd Sm made CB Spins Monolayer

ADVANCE BENEFICIARY NOTICE (ABN)
 PLEASE ATTACH COMPLETED AND SIGNED ABN FORM.
 FORWARD TO CUNNINGHAM PATHOLOGY WITH SPECIMEN.