

**ORAL CYTOLOGY REQUISITION FORM**

**DATE OF COLLECTION:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **SLIDES QTY:** \_\_\_\_\_ **CONTAINERS QTY:** \_\_\_\_\_

**Patient's Information**

**Patient's Name:** \_\_\_\_\_ **Record No.** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **DOB:** Month / Day / Year **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Postal Address:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_  Check if patient wants to receive bill for any deductibles by email.

**Contract #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**2nd Insurance:** \_\_\_\_\_ **Contract:** \_\_\_\_\_ **Group:** \_\_\_\_\_

**\*Pathologists may order additional testing based on medical necessity.**

**NOTIFICATION TO THE PATIENT:** All samples sent to HRP Labs will be processed and diagnosed, and its outcome will be sent directly to the physician. If any deductible applies or if you don't have medical insurance, you will receive an invoice and be liable for the payment. Toda muestra enviada a HRP Labs será procesada y diagnosticada y el resultado será enviado a su médico. En caso de que haya algún deducible o de usted no estar cubierto por un seguro médico, recibirá factura y será responsable del pago de la misma.

**Patient's Signature:** \_\_\_\_\_

**Clinician's Information**

**Referring Clinician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

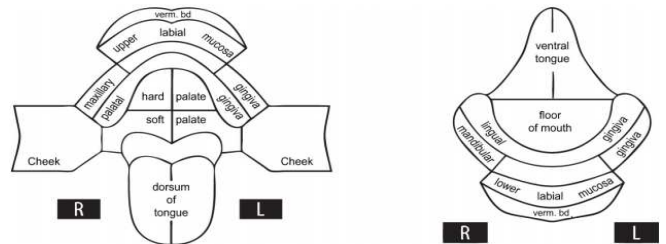
**Clinical Summary**

ICD-10	ICD-10	ICD-10	ICD-10	ICD-10
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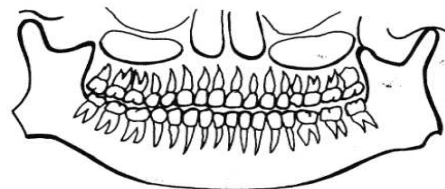
**Sample Information**

**Site:**  
 Oral Cavity  
 Other

**Please specify sample Site**



**Test:**  
 Conventional Smear  
 Liquid Based  
 HPV Test  
 Other



**Physician's name:** \_\_\_\_\_ **Lic.** \_\_\_\_\_

**NPI #** \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_

**Red fields and patient information must be completed to avoid delay in processing or sample rejection.**

When ordering tests, providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, generally not for screening. Only a few screening tests are covered by most government and third party payors for certain conditions at specific intervals. When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), or CMS. If testing does not come under Medicare guidelines for payment a signed beneficiary notice must be included in advance.

This slip requisition is confidential and contains privileged information. Inappropriate disclosure is prohibited by law. If by accident you receive this request please contact us immediately at 300 Domenech Ave, San Juan Puerto Rico 00918. Telephone: (787) 765-7320 or fax (787) 281-5104. www.hrplabs.com