



SMA Medical Laboratories

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GASTROENTEROLOGY

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40 Exchange Place, Suite 701, New York, NY 10005
2944 SW 2th Terrace, Sufite 502 Danfia Beach, Florida 33312

PATIENT INFORMATION

Last Name		First Name		M.I.
Street Address	Apt#	City	State	ZIP
Phone	SSN	D.O.B.	M <input type="checkbox"/>	F <input type="checkbox"/>

INSURANCE INFORMATION

Insurance Name	I.D. #	Group#
<input type="checkbox"/> Bill Medicare <input type="checkbox"/> Bill Medicaid <input type="checkbox"/> Bill Patient <input type="checkbox"/> Bill Client		

SPECIMEN INFORMATION

Date Collected: ___/___/___ Time Collected: _____

Fasting: Yes No Fax results to: _____ STAT

CLINICAL INFORMATION – Check all that apply

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 789.07 Abdominal Pain | <input type="checkbox"/> 536.8 Dyspepsia | <input type="checkbox"/> 792.1 Heme-Positive Stool | <input type="checkbox"/> 530.11 Reflux |
| <input type="checkbox"/> 531.30 Acute Stomach Ulcers | <input type="checkbox"/> 787.2 Dysphagia | <input type="checkbox"/> 579.9 Malabsorption | <input type="checkbox"/> 530.85 Surveillance Barrett's |
| <input type="checkbox"/> 285.9 Anemia | <input type="checkbox"/> 789.06 Epigastric Pain | <input type="checkbox"/> 787.02 Nausea | <input type="checkbox"/> 787.03 Vomiting |
| <input type="checkbox"/> 787.99 Change in Bowel Habits | <input type="checkbox"/> 530.81 Esophageal Reflux | <input type="checkbox"/> 793.4 Non-Specific Abdominal Finding GI Tract | <input type="checkbox"/> 783.21 Weight Loss |
| <input type="checkbox"/> v76.51 Colon Cancer Screening | <input type="checkbox"/> v16.0 Family History of Colon Cancer | <input type="checkbox"/> v10.05 Personal History of Colon Cancer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 564.00 Constipation | <input type="checkbox"/> 041.86 H. Pylori Follow-Up | <input type="checkbox"/> v12.72 Personal History of Colon Polyps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 787.91 Diarrhea | <input type="checkbox"/> 787.1 Heartburn | <input type="checkbox"/> 569.3 Rectal Bleeding | <input type="checkbox"/> Other: _____ |

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

- | | | |
|--|---|--|
| <input type="checkbox"/> Colon Cancer Screening | <input type="checkbox"/> Surveillance – History of: (Check One Below) | <input type="checkbox"/> Cancer-Type _____ |
| <input type="checkbox"/> Average <input type="checkbox"/> High Risk* | <input type="checkbox"/> Polyp(s)-Type _____ | <input type="checkbox"/> Other _____ |
| *High Risk Indication _____ | <input type="checkbox"/> IBD - Type _____ | |

Physician Signature: _____ Date ___/___/___

CLINICAL HISTORY:

- | | | | | |
|--|---------------------------------------|---|---|--|
| Rule Out: <input type="checkbox"/> Adenoma | <input type="checkbox"/> Carcinoma | <input type="checkbox"/> Eosinophilic Esophagitis | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Ulcerative Colitis |
| <input type="checkbox"/> Barrett's Esophagus/Dysplasia | <input type="checkbox"/> Celiac Sprue | <input type="checkbox"/> Fungi | <input type="checkbox"/> Mastocytic Enterocolitis | <input type="checkbox"/> Virus |
| <input type="checkbox"/> Candida | <input type="checkbox"/> Crohn's | <input type="checkbox"/> H. Pylori | <input type="checkbox"/> Microscopic Colitis | <input type="checkbox"/> Other Requests: _____ |

- CHOOSE ONE:**
- TC ONLY GLOBAL CONSULTATION

BIOPSY DATA

SPECIMEN TYPE:

Specimen Label	Biopsy	Polyp Biopsy	Polyp-ectomy	Random Biopsy	Cytology/Brushing
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UPPER GI

SPECIMEN LOCATION:

ESOPHAGUS		STOMACH				SMALL INTESTINE			DUODENUM		DUODENUM BULB	SITE-OTHER
Esophagus	EG Junction	Stomach	Cardia	Fundus	Body	Antrum/Pylorus	Small Intestine	Duodenum	Duodenum Bulb	Site-Other		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ENDOSCOPIC FINDINGS:

SPECIMEN TYPE:

Specimen Label	Biopsy	Polyp Biopsy	Polyp-ectomy	Random Biopsy	Cytology/Brushing
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOWER GI

SPECIMEN LOCATION:

ILEUM		COLON											SITE-OTHER
Ileum	Ileocecal Valve	Colon	Cecum	Ascending	Hepatic/Flexure	Transverse	Splenic Flexure	Descending	Sigmoid	Recto-Sigmoid	Rectum	Anus	Site-Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ENDOSCOPIC FINDINGS:

Authorized Signature: _____

Top Copy – SMA Medical Lab, Inc.

Bottom Copy – Client