The Delta Pathology Group, L.L.C.

Alexandria
211 Fourth Street
Alexandria, LA 71301
318-769-3219 Tel
318-769-3907 Fax

Lafayette
4801 Ambassador Caffery
Lafayette, LA 70508
337-470-4638 Tel
337-470-4051 Fax

Lake Charles
524 Michael DeBakey Dr.
Lake Charles, LA 70601
337-431-7839 Tel
337-210-4908 Fax

Meridian
1512 20th Ave
Meridian, MS 39301
601-483-8300 Tel
601-485-6455 Fax

Monroe
309 Jackson Street
Monroe, LA 71201
318-966-4886 Tel
318-966-4423 Fax

Greater New Orleans
5525 Mounes Street
New Orleans, LA 70123
504-729-6179 Tel
504-729-6077 Fax

Shreveport
2915 Missouri Ave
Shreveport, LA 71109
318-364-2000 Tel
318-212-4189 Fax

Texarkana
2600 St. Michael Drive
Texarkana, TX 75503
903-614-2851 Tel
903-614-6349 Fax

Toll Free:
1-800-530-5088

GASTROINTESTINAL ENDOSCOPY

PATIENT INFORMATION

Print Firmly & Clearly or Use Preprinted Label

Last Name First MI

Address

City State ZIP

Social Security Number

Medical Record Number Phone Number

Date of Birth ___ Male ___ Female

Physician Last Name, First, MI

Additional Report To:

Nurse

Collection Date	Time	Room #	ID #

BILLING INFORMATION

BILL TO: ☐ Patient ☐ Medicare ☐ Medicaid ☐ Other

Subscriber Name Primary Care Physician

Medicare Number Suffix(s)

Copy of FRONT & BACK of Cards Preferred

Medicaid Number State

Policy Number Group Number

Primary Insurance Company

Address

Secondary Insurance Company Policy Number Group Number

Address

ORDERS ☐ Frozen Section ☐ Histology (Gross & Microscopic) ☐ Cytology

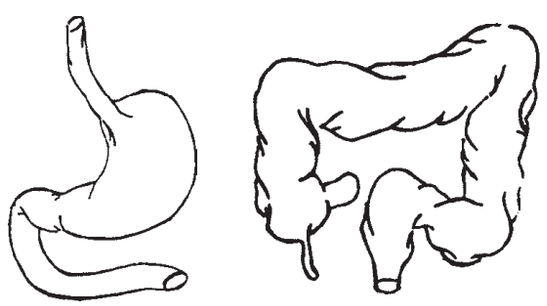
OTHER: _____

Clinical History

_____

Specimen	Site	Check appropriate box, please. Biopsy only	Polyp-ectomy	Normal mucosa	Abnormal mucosa
#1					
#2					
#3					
#4					
#5					
#6					
#7					
#8					
#9					
#10					
#11					

Please number specimen(s) on the pictures



No. of Containers Submitted

LAB USE ONLY - ACCESSION NO.

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