The Delta Pathology Group, L.L.C.

Alexandria
211 Fourth St.
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

Monroe
309 Jackson St.
Monroe, LA 71201
318-966-4105 Tel
318-966-4423 Fax

Greater New Orleans
5525 Mounes Street
Harahan, LA 70123
504-729-6179 Tel
504-729-6970 Fax

Shreveport
2915 Missouri Ave.
Shreveport, LA 71109
318-621-8820 Tel
318-212-4189 Fax

Toll Free
1-800-530-5088

NON GYN CYTOPATHOLOGY REQUISITION

PATIENT INFORMATION

Print Firmly & Clearly or Use Addressograph

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)

Medicaid Number | State

Copy of FRONT & BACK of Cards Preferred

Policy Number | Group Number

Primary Insurance Company

Address

Secondary Insurance Company | Policy Number | Group Number

Address

NON GYNECOLOGICAL SOURCE

- ☐ Bile Duct Brushing
- ☐ Breast Nipple Discharge ☐ R ☐ L
- ☐ Bronchial Brushing ☐ R ☐ L
- ☐ Bronchial Washing ☐ R ☐ L
- ☐ CSF
- ☐ Esophageal Brushing
- ☐ FNA _____
- ☐ Pelvic Washing
- ☐ Pericardial Fluid
- ☐ Peritoneal Fluid
- ☐ Pleural Fluid
- ☐ Sputum
- ☐ Tzanck Smear _____ Source
- ☐ Urine ☐ Bladder Washing
- ☐ Other _____

CLINICAL INFORMATION

LAB USE ONLY

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