SHORE HEALTH LABORATORIES
University of Maryland Medical System

EMH 410-822-1000
DGH 410-228-5511
Pathology 410-820-0019

PLEASE PRINT

Patient Name (Last)	☐ Jr ☐ Sr ☐ II ☐ III	First	MI	RACE
Sex ☐ M ☐ F	Social Security No. - -	Birthdate / /	Phone Number ( ) -	
Patient Address (Street or Box No.) ☐ NEW			Account Number	
County City State		Zip Code		

All tests ordered are medically necessary for diagnosis and treatment of this patient.

PHYSICIAN SIGNATURE

DATE

ORDERING PHYSICIAN

PHONE #

COPIES TO:

Insurance 1	Insurance 2
Company:	Company:
Address:	Address:
Policy #:	Policy #:
Group #:	Group #:
Employer	Guarantor/ Relationship

PLEASE SEND COPY OF FRONT AND BACK OF INSURANCE CARD.

PHYSICIAN NOTICE

When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-9 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.

GYN CYTOLOGY

Date of Smear:

☐ Conventional Pap Smear ☐ Liquid Based ☐ HPV Only

☐ Liquid Based Reflex HPV (For Ascus)

LMP: No. of Slides:

Must check one of the following (Required)

☐ Non-Medicare Patient ICD-9 Code:

Source: ☐ Cervix ☐ Vagina Other:

☐ Medicare Patient (Check one below)

- ☐ **Screening – Low Risk, Cervical** (V76.2) every 2 years
- ☐ **Screening – Low Risk, Other sites** (V76.49) every 2 years
- ☐ **Screening – High Risk**, Medical history (V15.89) one per year
- ☐ **Diagnostic** – History of abnormality or signs or symptoms

Diagnosis (ICD-9) 1) _____ 2) _____ 3) _____

Cervix Present: ☐ N ☐ Y

Treatment: ☐ N ☐ Y Type:

Previous Cancer: ☐ N ☐ Y Type:

HISTOLOGY/NON-GYN CYTOLOGY SPECIMENS

Clinical Signs, Symptoms or Complaints [Reason for Obtaining Specimen(s)]:
Enter text:
Or ICD-9 ⇩

	ICD-9	Organ/Site	FNA	biopsy	excision	check margins	shave	punch	curetting	core/ tru-cut
1										
2										
3										
4										
5										
6										

For all inquiries about surgical reports, specimen handling issues or fax requests, please call **1-410-820-0019**

Chesapeake Pathology Associates

David B. Danner, M.D., Ph. D.
Medical Director
Reinhardt O. Sahmel, M.D., Ph. D.

INSTRUCTIONS FOR ORDERING A MEDICARE PAP TEST:

A. FIRST, DECIDE WHETHER YOU WANT TO ORDER A CONVENTIONAL PAP OR THIN-PREP. CHECK THE APPROPRIATE BOX.
B. SECOND, DETERMINE WHAT CATEGORY THE PATIENT FALLS INTO: