PETROGLYPH
PATHOLOGY SERVICES

# UROLOGY REQUISITION

ACCESSION NO.

_____

| LAST NAME | FIRST NAME | MI | DOB | SEX | PHONE NUMBER |
|---|---|---|---|---|---|
| | | | | | |

| MAILING ADDRESS | CITY | STATE | ZIP CODE |
|---|---|---|---|
| | | | |

| SOCIAL SECURITY NUMBER | RESPONSIBLE PARTY NAME |
|---|---|
| | |

BILL TO:

| PRIMARY CHECK ONE | SECONDARY CHECK ONE | |
|---|---|---|
| ☐ | ☐ | CLIENT |
| ☐ | ☐ | INSURANCE |
| ☐ | ☐ | MEDICARE |
| ☐ | ☐ | MEDICAID |
| ☐ | ☐ | OTHER _____ |

INSURANCE NAME AND ADDRESS:

| INSURANCE ID: | GROUP NO.: |
|---|---|
| | |

*PLEASE ATTACH COPY OF INSURANCE CARD*

| ORDERING PHYSICIAN: | COPY TO: | COLLECTION DATE: | ICD-9 CODE(S): |
|---|---|---|---|
| | | | |

SIGNIFICANT CLINICAL HISTORY:

CURRENT CLINICAL HISTORY:

PSA:
- ☐ 0-2.5
- ☐ 2.6-4.0
- ☐ 4.1-6.0
- ☐ 6.1-10.0
- ☐ > 10.0

CLINICAL STAGE:
- ☐ T1c (nonpalpable)
- ☐ T2a (palpable < 1/2 lobe)
- ☐ T2b (palpable > 1/2 lobe)
- ☐ T2c (palpable both lobes)

| | | | |
|---|---|---|---|
| 1. LLB # of cores _____ | 4. LB # of cores _____ | 7. RB # of cores _____ | 10. RLB # of cores _____ |
| 2. LLM # of cores _____ | 5. LM # of cores _____ | 8. RM # of cores _____ | 11. RLM # of cores _____ |
| 3. LLA # of cores _____ | 6. LA # of cores _____ | 9. RA # of cores _____ | 12. RLA # of cores _____ |

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