PATIENT LAS	TELE (21	GI PA 9600 DA	THOL TAPOINT DR TOLL FRI	UISITI	E	BILL TO: CLIENT PATIENT OTHER					ME AND AI	DDRESS				
PHONE ()	AME/RESPON	SIBI F PARTY	PATIENT SS #			PATIENT ID/MR	DATE OF /	BIRTH SI	O F O M							
	DRESS (OR IN															
CITY STATE ZIP																
EMPLOYEE	NAME															
INSURANCE COMPANY NAME																
INSURANCE	INSURANCE COMPANY ADDRESS															
CITY								STATE	ZIP							
INSURANCE	COMPANY PI	HONE	INSURA	ANCE/GROUP	#		MEM	BER/SUBSCRIE	ER ID #							
MEDICARE #	‡		SL	JFFIX O PRIM	MARY ONDARY	DICAID #				STATE						
GI PATHOLOGY																
Pre-Op Dx: Anemia Fe. Nausea Diarrhea GERD Vomiting Weight loss Dyspepsia Dysphagia Screen colon Hematoch/melena Gas/Distension Fm Hx GI Cancer Epigastric pain Change bowel habit Hx colon Cancer Gen. Abd pain Hx colon polyp Post-Op Dx:																
	ESOPHA								SITES							
Specimen #	GEJ		Distal		Mid		Pro:	ximal			CM		Other			
	STOMACH SITES															
Specimen #	Pylorus		Antrum		Incisura		В	ody	Fundus		Cardia		Other			
]]				
			,			DENUI										
Specimen #	Duodenum		Duo Bulb		Disaccharidase		Am	pulla	Jejunum		lleum		Other			
								CTAL							x or Polyp	
Specimen #	ICV	Cecum	Ascending	Hep Flex	Transvers	e Splenic Flex	Descending	Sigmoid	Rectosig	Rectum	Randor	n Bx	Polyp	СМ	Other	
															,	