

TOPA Diagnostics - Women's Health Requisition 351 Rolling Oaks Drive, #100, Thousand Oaks, CA 91361 (805) 373-8582 • Fax (805) 371-7816

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DIRECTORS WAYNE M. SCHULTHEIS, M.D.

REGINA P. J. JAMES \	. BLACKMAN, M.D. C. SINGSON, M.D. YIN, M.D., Ph. D. E. WESTFALL, M.D.	
REFERRED BY	24° a °	
BILL INSURANCE	BILL PATIENT	is second
BILL MEDICARE #	BILL MEDI-CAL	
History / Differential D	0x / ICD-10:	
Copies to additional p	physician (print full na	ame
PATHOLOGY SPE	CIMENS	
Submit in formali	n	
1.		
2.		
3.		
4.		
5.		
GYN CYTOLOGY S	SPECIMENS	
LMP: /	1	
DIAGNOSIS / ICD-10 CODE:		
FOR MEDICARE F DIAGNOSIS, PLEA	PATIENT WITH NO ASE ATTACH ABN.	
Specimen Source:	Vaginal Cervical	
Endocervical	Conventional Pap	
Previous Pap Dx:		
Clinical Impression / Po	ertinent History:	
Pirth control	Hormonel there	
Birth control Postpartum	Hormonal therapy	
Hysterectomy	DES exposure	
Supracervical	Chemotherapy	
Pregnant	Radiation therapy	
Postmenopausal	and any	
GYN surgeries: _		
Hx of CA:		

Other history:

ADDRESS CITY STATE ZIP REQU AGE SEX BIRTH DATE AREA CODE PHONE (Please send photo				
PATIENT INFORMATION LAST NAME FIRST NAME IN ADDRESS CITY STATE ZIP REQU AGE SEX BIRTH DATE AREA CODE PHONE (Please send phote insurance card, book insu	DATE COLLECTED			
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RESPONSIBLE PARTY POLICY NO.				
	RESPONSIBLE PARTY			POLICY NO.

Physi	ciar	ora	ers:
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