



TOPA Diagnostics - Women's Health Requisition

351 Rolling Oaks Drive, #100, Thousand Oaks, CA 91361 (805) 373-8582 • Fax (805) 373-0023

DIRECTORS
WAYNE M. SCHULTHEIS, M.D.
EDWARD I. BLACKMAN, M.D.
REGINA P.C. SINGSON, M.D.
J. JAMES YIN, M.D., Ph.D.
DANIELLE E. WESTFALL, M.D.

DATE COLLECTED

REFERRED BY

PATIENT INFORMATION

LAST NAME FIRST NAME INITIAL

ADDRESS

CITY STATE ZIP REQUIRED

AGE SEX BIRTH DATE AREA CODE PHONE

BILL INSURANCE BILL PATIENT
 BILL MEDICARE # BILL MEDI-CAL

History / Differential Dx (required):

ATTACH P.O.E. STICKER

(Please send photocopy of insurance card, both sides.)

ICD-10 Codes:

MEDICAL RECORD # _____

RESPONSIBLE PARTY	
INSURANCE CO. NAME	GROUP NO.
INSURANCE CO. ADDRESS	POLICY NO.

Copies to additional physician (print full name):

PATHOLOGY SPECIMENS
Submit in formalin

Placed in formalin at _____ o'clock

1.
2.
3.
4.
5.

NON-GYN CYTOLOGY SPECIMENS
Submit in Cytolyt

1.
2.
3.
4.
5.

GYN CYTOLOGY SPECIMENS
Submit in PreservCyt (ThinPrep Pap Test solution)

LMP: ____ / ____ / ____

DIAGNOSIS / ICD-10 CODE:

FOR MEDICARE PATIENT WITH NO DIAGNOSIS, PLEASE ATTACH ABN.

Specimen Source: Vaginal Cervical
 Endocervical Conventional Pap

Previous Pap Dx:

Clinical Impression / Pertinent History:

Birth control Hormonal therapy
 Postpartum IUD
 Hysterectomy DES exposure
 Supracervical Chemotherapy
 Pregnant Radiation therapy
 Postmenopausal
 GYN surgeries: _____
 Hx of CA: _____
 Other history: _____

Physician Orders:

[] ThinPrep Pap smear [] Affirm Test[®]
(Candida, Gardnerella vaginalis, Trichomonas vaginalis)

[] HPV [] Urine for CT/GC

[] Chlamydia by PCR [] Gonorrhea by PCR

[] ThinPrep with Reflex to HPV on ASCUS

[] ThinPrep with reflex to HPV on ASCUS or higher