



CMC354177

Surgical Pathology Requisition

Mejary

PATIENT/PROVIDER INFORMATION Print or Affix Label	Last	MI	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Street	Account #		
	City	State	Zip	Date/Time Collected:
	Ordering Provider:	<input type="checkbox"/> Collected per Protocol		Copies To:

Bill Insurance (attach copy of insurance card)
 Self Pay

BLAYK, BONZEANNE R
 A00109611111 M000597460
 05/01/1956 64 F
 Lemberg, Brent D

571-925

1/28/14 12:00 PM

Lemberg

Pre-Op Diagnosis: _____

Post-Op Diagnosis: _____

Clinical History: _____

TISSUE SUBMITTED

SPECIMEN	1) <i>bx + smears colon polyps ezoom (2)</i>	5) _____
	2) _____	6) _____
	3) _____	7) _____
	4) _____	8) _____

JAN28 15:22

Smooz

BREAST TISSUE FIXATION TIME
(required for all breast specimens)

Time removed from patient: _____

Time placed in formalin: _____

FROZEN SECTION DIAGNOSIS:

Dictated by: _____



Endoscopy Procedure Record

Date: 1/28/21 Time: 1027 Referring MD: A. MIDARA 781-295
 Date of Last Colonoscopy: 2011 Primary Procedure Nurse: M. Harris
 Nurse/Tech Assist: M. Burkhead / K. Abbott Relief: _____
 Proc: COLONOSCOPY Start 1100 Stop 1118 Scope serial # 5464 Air CO2
 Proc: _____ Start _____ Stop _____ Scope serial # _____ Air CO2

SPECIMENS

- NA
- Biopsy
 - Jumbo
 - Large
- Polyp
 - Forcep - cold
 - Snare
- H-Pylori
- O&P
- C&S
- Brush cyto
- Brush micro
- Other: _____

MEDICATION TOTALS:

Meperidine 2 mg IV
 Midazolam 2 mg IV
 Fentanyl 1 mcg IV
 Other _____

ELECTROSURGICAL

- Unit # _____
- MONOPOLAR**
 - forced soft
 - coag _____ watts
 - cut _____ watts
 - effect _____
 - ENDO CUT _____ watts
 - effect _____
- ARGON PLASMA**
 - watts _____
 - gas flow _____
- PAD PLACEMENT**
 - Site _____
 - Skin condition _____
 - pre _____
 - post _____
- BIPOLAR** _____ watts

DILATION

- Bougie
- Balloon

INJECTION THERAPY

- Site _____
- Epinephrine / Saline
- Tatoo
- Botox
- Other _____
- BAND LIGATION**
- ENDO CLIP**
- ENDO LOOP**

EBL

- None
- Trace
- _____ mL

- PEG / PEJ**
- G-TUBE CHANGE**

ERCP

- DX
- Sphincterotomy
- Stone Removal
 - Balloon
 - Basket
 - Lithotripsy
- Stent
 - Type: _____
 - Size: _____
- Other: _____

Indications:

- Screening/Surveillance for malignancy in asymptomatic patient
- Pertinent history-personal or family _____
- Other pertinent signs/symptoms or diagnosis _____

Findings:

to TC
 2 polyps - 20 ca
 bx + snare

Conclusions / Plan:

Physician Signature: _____

Date / Time: 1100 1-28-21

