STRATA PATHOLOGY SERVICES
ONE CRANBERRY HILL, SUITE 303, LEXINGTON, MA 02421
Telephone: 877-872-8223 Fax: 781-290-0059

Patient Name — DATE OF SERVICE

Acct# | Soc.Sec.# | DOB | Gender

Home Address

City | State | ZIP Code

Home Phone | Work Phone

SUBMITTING CLINICIAN

Referring Physician | Referring Physician Fax# | Employer

SPECIAL INDICATIONS

Check all that apply

1 **[] Colitis Surveillance**
2 **[] Polyp/Neoplasm Surveillance**
3 **[] R/O Barrett's Esophagus**
4 **[] R/O Cancer**
5 **[] R/O Candida**
6 **[] R/O Crohn's Disease**
7 **[] R/O Dysplasia**
8 **[] R/O Eosinophilic Esophagitis**
9 **[] R/O Fungi**
10 **[] R/O Gastritis/H. pylori**
11 **[] R/O Idiopathic IBD**
12 **[] R/O Mastocytic Enterocolitis**
13 **[] R/O Microscopic Colitis**
14 **[] R/O Parasites**
15 **[] R/O Sprue**
16 **[] R/O Viral Inclusions**
17 **[] R/O Ulcerative Colitis**
18 **[] R/O Other**

PRIMARY INSURANCE

☐ See Attached ☐ Bill Client

Insurance Company

Member ID

Group Number

Insured Name

Patient's Relationship to Insured:
☐ Self ☐ Spouse ☐ Dependent

SECONDARY INSURANCE

☐ See Attached ☐ Bill Client

Insurance Company

Member ID

Group Number

Insured Name

Patient's Relationship to Insured:
☐ Self ☐ Spouse ☐ Dependent

ENDOSCOPIC CODES

Use the appropriate number for the corresponding specimen(s) in the below section

1. Barrett's Mucosa	2. Duodenitis	3. Erosion	4. Erythema	5. Esophagitis
6. Gastritis	7. Granularity	8. H. pylori	9. Hiatal Hernia	10. Ileitis
11. Mass	12. Nodularity	13. Normal	14. Polyp	15. Polyposis
16. Pseudomembrane	17. Stricture	18. Ulcer	19. Random Biopsy	20. Other_________

SPECIMEN DATA

LOWER GI SPECIMENS

#	From		Esophagus	EG Junction	Fundus	Body	Antrum	Duodenum-Bulb	Duodenum-S.B.	Liver	Proximal	Mid	Distal	Other	Endoscopic Findings (See codes above)
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________

UPPER GI SPECIMENS

#	From		Esophagus	EG Junction	Fundus	Body	Antrum	Duodenum-Bulb	Duodenum-S.B.	Liver	Proximal	Mid	Distal	Other	Endoscopic Findings (See codes above)
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________
______	______	cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	________

☐ Additional Clinical Information or Pertinent Prior Pathology:

☐ Additional Findings:

☐ Additional Special Test(s) Requested: