MediPath
PATHOLOGY SERVICES
4665 Ponce De Leon Blvd., Coral Gables, FL 33146
Telephone 786-464-0749 • Fax 786-953-5342

GASTROINTESTINAL (GI) REQUISITION

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PATIENT INFORMATION

LAST NAME	FIRST NAME	MI

DATE OF BIRTH	MRN/PT.CHART#	SEX ☐ Male ☐ Female

STREET ADDRESS

CITY	STATE	ZIP

HOME PHONE #	WORK PHONE #

CLIENT INFORMATION

DATE COLLECTED	TIME COLLECTED ☐ AM ☐ PM

ICD-10 CODE(S):

INSURANCE INFORMATION

PRIMARY INSURANCE NAME		SECONDARY INSURANCE NAME	
STREET ADDRESS	CITY / STATE / ZIP	STREET ADDRESS	CITY / STATE / ZIP
GROUP NUMBER	POLICY NUMBER	GROUP NUMBER	POLICY NUMBER
NAME OF POLICY HOLDER		NAME OF POLICY HOLDER	

CLINICAL INFORMATION

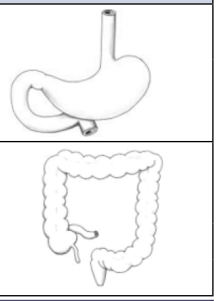
UPPER: ☐ NAUSEA/VOMITING ☐ PAIN/BURN ☐ H. PYLORI ☐ GERD (REFLUX) ☐ BARRETS ☐ WEIGHT LOSS ☐ HEME-POSITIVE STOOL ☐ MALABSORPTION
☐ HISTORY OF DYSPLASIA OR MALIGNANCY ☐ FOLLOW-UP FOR: _____ ☐ OTHER: _____

LOWER: HISTORY OF IBD (☐ CROHNS ☐ ULCERATIVE COLITIS) TREATMENT: _____ ☐ POLYP(S) ☐ DIARRHEA
☐ CHANGE IN BOWEL HABITS / CONSTIPATION ☐ HEME-POSITIVE STOOL ☐ RECTAL BLEEDING ☐ HISTORY OF DYSPLASIA OR MALIGNANCY ☐ MASS
☐ FOLLOW-UP FOR: _____ OTHER: _____

RULE OUT: ☐ AMYLOID ☐ BARRETS ESOPHAGUS/DYSPLASIA ☐ CARCINOMA ☐ CELIAC SPRUE ☐ CROHNS ☐ EOSINOPHILIC ESOPHAGITIS ☐ H. PYLORI ☐ LYMPHOMA
☐ MICROSCOPIC COLITIS ☐ MASTOCYTIC ENTEROCOLITIS ☐ ULCERATIVE COLITIS
☐ OTHER: _____

FAMILY HISOTRY OF MALIGNANCY: _____

OTHER: _____



SAMPLE / SPECIMEN

		UPPER GI																LOWER GI															PROCEDURE			ENDOSCOPIC FINDING CODES
		ESOPHAGUS					STOMACH					DUODENUM				ILEUM			COLON																		
* LESIONS/JAR	CM	Upper Esophagus	Middle Esophagus	Lower Esophagus	E.G. Junction	Esophagus (NOS)	Cardia	Fundus	Body	Antrum / Pylorus	Stomach (NOS)	Duodenum Bulb	Duodenum (2nd)	Duodenum (3rd)	Duodenum (NOS)	Ileum	Terminal Ileum	Ileo-Cecal Valve	Cecum	Ascending / Right	Hepatic Flexure	Transverse	Splenic Flexure	Descending / Left	Sigmoid	Rectum	Colon (NOS)	Random	Proximal	Mid	Distal	Anus	Biopsy	Polypectomy	Cytology	
A.																																			1. Barrett's Mucosa
B.																																			2. Erosion
C.																																			3. Erythema
D.																																			4. Granularity
E.																																			5. H. pylori
F.																																			6. Hiatal Hernia
G.																																			7. Inflammation
H.																																			8. Mass
																																			9. Nodularity
																																			10. Normal
																																			11. Plaque
																																			12. Polyp, Sessile
																																			13. Poly, Pedunculated
																																			14. Polyposis
																																			15. Pseud membrane
																																			16. Stricture
																																			17. Ulcer
																																			18. Other _____

ADDITIONAL AND/OR SPECIAL REQUESTS

Physician Signature: _____ Date: _____

A 000000000	B 000000000	C 000000000	D 000000000
Patient Name / D.O.B.	Patient Name / D.O.B.	Patient Name / D.O.B.	Patient Name / D.O.B.
E 000000000	**F** 000000000	**G** 000000000	**H** 000000000
Patient Name / D.O.B.	Patient Name / D.O.B.	Patient Name / D.O.B.	Patient Name / D.O.B.