



The Delta Pathology Group, L.L.C.

Alexandria 211 Fourth St. Alexandria, LA 71301 318-769-3 Tel 318-769-3 Fax	Lafayette 4801 Ambassador Caffery Lafayette, LA 70508 337-470-4 Tel 337-470-4051 Fax	Monroe 309 Jackson St. Monroe, LA 71201 318-966-4105 Tel 318-966-4423 Fax
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Greater New Orleans 1141 Whitney Ave. Bldg 3 Gretna, LA 70056 504-361-3757 Tel 504-361-3132 Fax	Shreveport 2915 Missouri Ave. Shreveport, LA 71109 318-621-8820 Tel 318-212-4189 Fax
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Toll Free:
1-800-530-5088

GASTROINTESTINAL ENDOSCOPY

PATIENT INFORMATION

BILLING INFORMATION

Last Name _____ **First** _____ MI _____

Address _____

City _____ State _____ ZIP _____

Social Security Number _____

Medical Record Number _____ Phone Number _____

Date of Birth _____ Male Female

Physician Last Name, First, MI _____

Additional Report To: _____

Nurse _____

Collection Date	Time	Room #	ID #

BILL TO: Patient Medicare Medicaid Other

Subscriber Name _____ Primary Care Physician _____

Medicare Number _____ Suffix(es) _____

Medicaid Number _____ State _____

Policy Number _____ Group Number _____

Primary Insurance Company _____

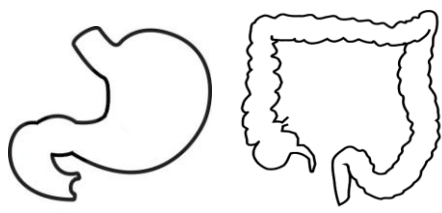
Address _____

Secondary Insurance Company _____ Policy Number _____ Group number _____

Address _____

Orders Frozen Section = 8 U
Other _____ Cytology

Clinical History: _____

Specimen	Site	Biopsy Only	Polyp-ectomy	Normal Mucosa	Abnormal Mucosa	Please number specimen(s) on the pictures
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

No. of Containers Submitted _____

LAB USE ONLY – ACCESSION NO. _____