Eastern Carolina Pathology
2653 Suite B
Forest Hills Rd.
Wilson, NC 27893
(252) 234-2841
(866) 572-8452
Fax (252) 234-9270

☐ **RUSH**
(Telephone Report)

GI / Histology / Cytology Form

BILLING ☐ PHYSICIAN ACCOUNT ☐ PATIENT ACCOUNT	Specimen Date Mo Day Yr	Specimen Time Hr Min
Patient Name (First) (Last) (M.I.)		
Patient I.D. Number	Date of Birth Mo Day Yr	Age Yrs Mo / Sex M F
Social Security #	Physician / Provider I.D.	

FILL OUT INSURANCE INFORMATION OR ATTACH INFORMATION

Responsible Party or Insured's Name (Last, First)

Address

City, State, Zip

Medicaid Number/HMO Number — Workers Comp. ☐ Yes ☐ No

Medicare Number — Medicare Type ☐ Regular ☐ Railroad ☐ UMW

Insurance Company — Insurance Subscriber No.

Patient Illness/Sign or Symptom Code (ICD - 9 Code)

EGD Clinical History - Please Note All That Apply

- ☐ Chest Pain
- ☐ Reflux
- ☐ Abdominal Pain
- ☐ Nausea & Vomiting
- ☐ Fe Deficiency Anemia
- ☐ Previous Ulcer
- ☐ Dyspepsia
- ☐ _____

Colonoscopy Clinical History - Please Note All That Apply

- ☐ Screening Colonoscopy
- ☐ Hem + Stools
- ☐ Change In Bowel Habits
- ☐ GI Bleed
- ☐ Hx of CA
- ☐ Diarrhea
- ☐ Hx of Polyps
- ☐ Family Hx of Polyps
- ☐ Family Hx of CA
- ☐ Anemia
- ☐ Hx of UC/Crohn's
- ☐ _____

Endoscopy - Circle site

1. ESO GEJ ANT BODY PYL
   DUO SB _____
2. ESO GEJ ANT BODY PYL
   DUO SB _____
3. ESO GEJ ANT BODY PYL
   DUO SB _____
4. ESO GEJ ANT BODY PYL
   DUO SB _____
5. ESO GEJ ANT BODY PYL
   DUO SB _____

Colonoscopy - Circle site

1. ILE CEC ASC HF TRAN SF
   DES SIG REC _____
2. ILE CEC ASC HF TRAN SF
   DES SIG REC _____
3. ILE CEC ASC HF TRAN SF
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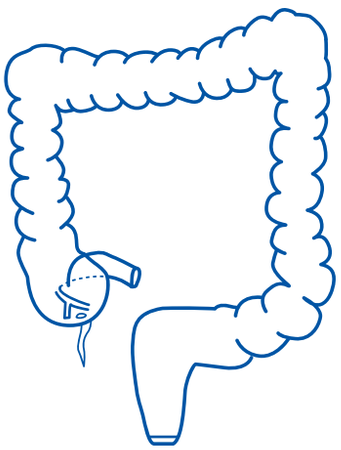
4. ILE CEC ASC HF TRAN SF
   DES SIG REC _____
5. ILE CEC ASC HF TRAN SF
   DES SIG REC _____

FINDINGS:

- ☐ Rule-Out Barrett's
- ☐ Rule-Out Gastritis
- ☐ Poylp
- ☐ Ulcer/Erosion
- ☐ Mass
- ☐ Rule-Out H. Pylori
- ☐ _____
- ☐ _____



- ☐ Polyp
- ☐ Mass
- ☐ Diverticuli
- ☐ Inflammation
- ☐ Inflam. Bowel Disease
- ☐ Rule-Out Microscopic Colitis
- ☐ _____
- ☐ _____

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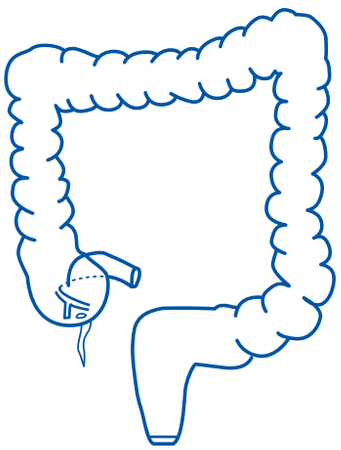

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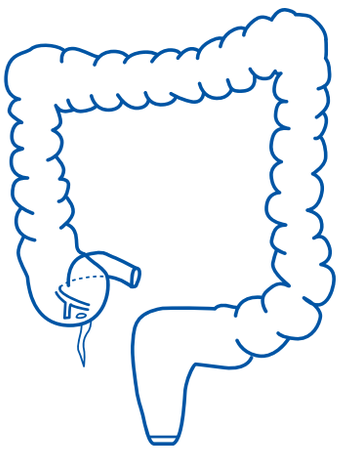

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