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 Date of  
Collection \_\_\_\_\_

## Urothology Requisition

REQUIRED INFORMATION MUST BE COMPLETED FOR PROVISION OF SERVICES

### Account Information

Ordering M.D. Signature \_\_\_\_\_

NOTICE TO REQUESTING PHYSICIAN: Please authenticate your order for the pathologic examination of the accompanying specimen(s) by signing this requisition in the space provided or by initialing next to your printed name. If your signature or initials is not affixed hereto, you attest that you have caused the subject patient's medical record to include a specific reference (i.e., order) to your intent that the accompanying specimen(s) be examined, and that you have personally signed (handwritten or electronic) said reference (i.e., order) in the subject patient's medical record.

### Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

 SSN \_\_\_\_\_ DOB \_\_\_\_\_  M  F

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referring Physician \_\_\_\_\_

### Billing Information: Please attach a copy of the front and back of the patient's insurance card(s). (REQUIRED)

 INSURANCE  PATIENT (SELF-PAY)  OTHER \_\_\_\_\_

Primary Insurance Company Name / Medicare / Medicaid \_\_\_\_\_ Address \_\_\_\_\_ Pre-Authorization Code \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Policy Holder Name \_\_\_\_\_ Relation to Policy Holder \_\_\_\_\_

Secondary Insurance Company Name \_\_\_\_\_ Address \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Insured Name \_\_\_\_\_

### Clinical History

#### DRE/Clinical Stage

- Normal (T1c)
- Abnormal, Unilateral ≤ 50% of lobe (T2a)
- Abnormal, Unilateral ≥ 50% of lobe (T2b)
- Abnormal, Bilateral (T2c)
- Total PSA \_\_\_\_\_ ng/mL

### Previous Therapy

- Hx of Prostatectomy
- Hx of Urothelial Carcinoma
- Hx of Chemotherapy
- Hx of Radiation
- Other: \_\_\_\_\_
- Hx of Bladder Cancer
- Hx of Hormone Therapy
- Hx of Mitomycin
- Hx of Orchiectomy
- Other: \_\_\_\_\_

### ICD-10-CM Diagnosis Code(s) (REQUIRED)

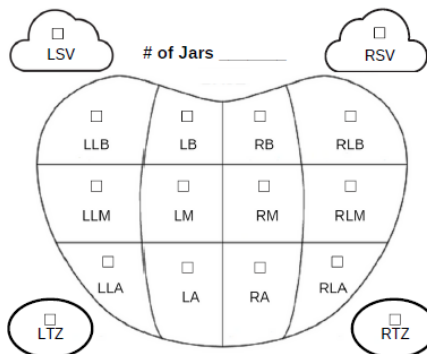
ICD-10: \_\_\_\_\_ ICD-10: \_\_\_\_\_ ICD-10: \_\_\_\_\_ ICD-10: \_\_\_\_\_

### Specimen Source and Location

- Prostate Biopsy
- Bladder Biopsy
- TURB
- Vas Deferens
- Other: \_\_\_\_\_

### Specimen Source and Location

Please use checkboxes to identify site(s).



### Urine Cytology

- Bladder Washing
- Catheterized Urine
- Ileal Conduit/ Neobladder
- Pelvic Washing
  - RT  LT
- Ureteral Washing
  - RT  LT
- Voided Urine
- Other: \_\_\_\_\_