GASTROENTEROLOGY/UPPER GI REQUISITION

Boise Pathology Group, PA
190 East Bannock Street ~ Boise, Idaho 83712
Phone: (208) 381-2367 ~ Fax: (208) 381-4762
www.boisepathologygroup.com

FOR OFFICE USE ONLY

Patient_____ DOB____/____/_____ AGE_____ Sex___ SSN_____ Date_____

Patient Phone #_____Patient Address_____ City _____State _____Zip_____

Primary Insurance_____ Policy #_____ Group #_____

Subscriber_____ Relation to Patient_____

Secondary Insurance_____ Policy #_____ Group#_____

Subscriber_____ Relation to Patient_____

❑ Cash Pay – Family Medicine Residency of Idaho

*** **PLEASE USE LETTER OR NUMBER TO MATCH CLINICAL HISTORY AND SOURCE** ***

Clinical History (symptoms/screening):

_____	Gastroesophageal Reflux Disease	_____	Nausea	_____	Polyp	_____	Mass
_____	Barrett's Esophagus	_____	Vomiting	_____	Pain	_____	Ulcer
_____	NSAIDS	Other:	_____				

Duration: _____

Specimen Sources(s):

_____	Esophagus	_____	Gastric	_____	GE Junction
_____	Proximal	_____	Cardia	_____	Duodenal Bulb
_____	Mid	_____	Body	_____	Duodenum
_____	Distal	_____	Antral	_____	Ampulla
		_____	Ulcer	_____	Jejunum

Subspecialty/Pathology Request

☐ Gastrointestinal Pathology

☐ Attention to Dr.:_____

Physician Name_____

Address_____

Phone #_____

Fax #_____

❑ Fax Report

❑ Phone Report

Copies To:_____

_____

_____

_____

MD Signature _____ **DX Code**_____