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INFORMATION

Last Name		First Name		M.I.
Street Address	Apt#	City	State	ZIP
Phone	SSN	D.O.B.	M <input type="checkbox"/>	F <input type="checkbox"/>

INSURANCE INFORMATION

Insurance Name	I.D. #	Group#
<input type="checkbox"/> Bill Medicare <input type="checkbox"/> Bill Medicaid <input type="checkbox"/> Bill Patient <input type="checkbox"/> Bill Client		

SPECIMEN INFORMATION

Date Collected: ___/___/___ Time Collected: _____
 Fasting: Yes No Fax results to: _____ STAT

CLINICAL INFORMATION – Check all that apply

- | | | | |
|--------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> 789.07 Abdominal Pain | <input type="checkbox"/> 536.8 Dyspepsia | <input type="checkbox"/> 792.1 Heme-Positive Stool | <input type="checkbox"/> 530.11 Reflux |
| <input type="checkbox"/> 531.30 Acute Stomach Ulcers | <input type="checkbox"/> 787.2 Dysphagia | <input type="checkbox"/> 579.9 Malabsorption | <input type="checkbox"/> 530.85 Surveillance Barrett's |
| <input type="checkbox"/> 285.9 Anemia | <input type="checkbox"/> 789.06 Epigastric Pain | <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> 787.99 Change in Bowel Habits | <input type="checkbox"/> 530.81 Esophageal Reflux | <input type="checkbox"/> 793.4 Non-Specific Abdominal Finding GI Tract | <input type="checkbox"/> 783.21 Weight Loss |
| <input type="checkbox"/> v76.51 Colon Cancer Screening | <input type="checkbox"/> v16.0 Family History of Colon Cancer | <input type="checkbox"/> v10.05 Personal History of Colon Cancer | Other: _____ |
| <input type="checkbox"/> 564.00 Constipation | <input type="checkbox"/> 041.86 H. Pylori Follow-Up | <input type="checkbox"/> v12.72 Personal History of Colon Polyps | Other: _____ |
| <input type="checkbox"/> 787.91 Diarrhea | <input type="checkbox"/> 787.1 Heartburn | <input type="checkbox"/> 569.3 Rectal Bleeding | Other: _____ |

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

<input type="checkbox"/> Colon Cancer Screening	<input type="checkbox"/> Surveillance – History of: (Check One Below)	<input type="checkbox"/> Cancer-Type _____
<input type="checkbox"/> Average <input type="checkbox"/> High Risk*	<input type="checkbox"/> Polyp(s)-Type _____	<input type="checkbox"/> Other _____
*High Risk Indication _____	<input type="checkbox"/> IBD - Type _____	

Physician Signature: _____ Date ___/___/___

CLINICAL HISTORY: _____

CHOOSE ONE:

- TC ONLY GLOBAL CONSULTATION

- Rule Out:**
- | | | | | |
|--------------------------------------------------------|---------------------------------------|---------------------------------------------------|---------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Adenoma | <input type="checkbox"/> Carcinoma | <input type="checkbox"/> Eosinophilic Esophagitis | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Ulcerative Colitis |
| <input type="checkbox"/> Barrett's Esophagus/Dysplasia | <input type="checkbox"/> Celiac Sprue | <input type="checkbox"/> Fungi | <input type="checkbox"/> Mastocytic Enterocolitis | <input type="checkbox"/> Virus |
| <input type="checkbox"/> Candida | <input type="checkbox"/> Crohn's | <input type="checkbox"/> H. Pylori | <input type="checkbox"/> Microscopic Colitis | <input type="checkbox"/> Other Requests: _____ |

BIOPSY DATA

UPPER GI

SPECIMEN TYPE:

Specimen Label	Biopsy	Polyp Biopsy	Polyp-ectomy	Random Biopsy	Cytology/Brushing
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIMEN LOCATION:

ESOPHAGUS			STOMACH			SMALL INTESTINE			ENDOSCOPIC FINDINGS:		
Esophagus	EG Junction	Stomach	Cardia	Fundus	Body	Antrum/Pylorus	Small Intestine	Duodenum		Duodenum Bulb	Site-Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

LOWER GI

SPECIMEN TYPE:

Specimen Label	Biopsy	Polyp Biopsy	Polyp-ectomy	Random Biopsy	Cytology/Brushing
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIMEN LOCATION:

ILEUM		COLON										ENDOSCOPIC FINDINGS:			
Ileum	Ileocol Valve	Colon	Cecum	Ascending	Hepatic/Flexure	Transverse	Splenic Flexure	Descending	Sigmoid	Recto-Sigmoid	Rectum		Anus	Site-Other	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Authorized Signature: _____