

# Tucson Pathology Associates



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## Urology Requisition - CMG

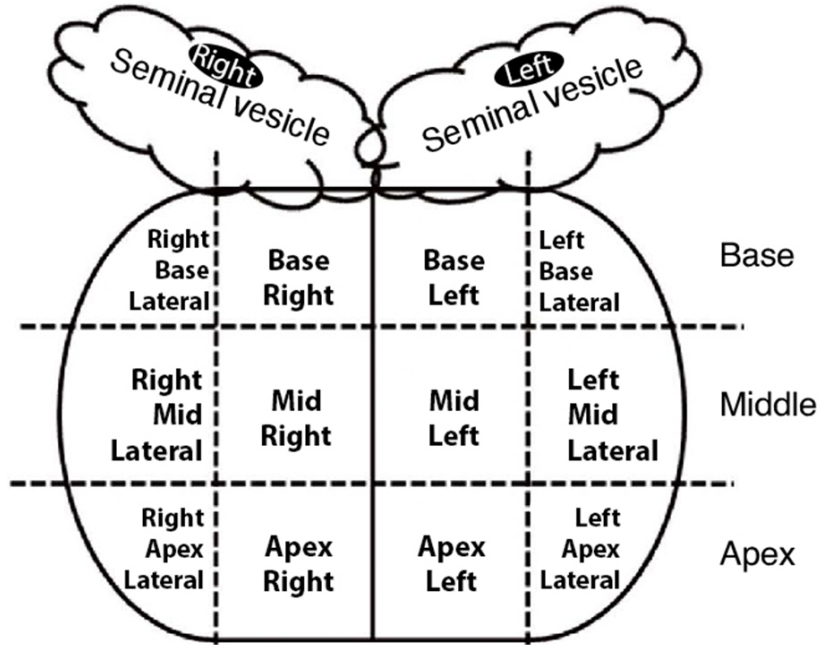
Please provide all patient information including insurance or a copy of the card.

<p><b>Patient's Name</b> <input style="width: 90%;" type="text"/></p> <p><b>Or Label</b> <input style="width: 90%;" type="text"/></p> <p><b>Patient's Address</b> <input style="width: 90%;" type="text"/></p> <p><b>Zip</b> <input style="width: 15%;" type="text"/> <b>State</b> <input style="width: 15%;" type="text"/> <b>Phone #</b> <input style="width: 20%;" type="text"/></p> <p><b>Patient's Insurance Info</b> Copy of Card: <input type="radio"/> Y <input type="radio"/> N</p>	<p><b>Date</b> <input style="width: 80%;" type="text"/></p> <p><b>Time</b> <input style="width: 80%;" type="text"/></p> <p><b>DOB</b> <input style="width: 80%;" type="text"/></p> <p><b>City</b> <input style="width: 80%;" type="text"/></p>	<p><b>ICD10</b> <input style="width: 90%;" type="text"/></p> <div style="border: 1px dashed black; padding: 10px; text-align: center; width: 100%;"> <p>For TPA use only</p> </div>
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### Specimen Description

<input type="checkbox"/>	<input style="width: 150px;" type="text"/>	<input type="checkbox"/> L <input type="checkbox"/> R
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**PSA**  **Clinical Stage**



If positive do prostate prognostic studies  
 If negative confirm to MDX

**Copy to**  **Copy to**

Paper  Web  Fax  Paper  Web  Fax

**Physician** \_\_\_\_\_ **Ordering Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Specimen Receiver</b> <input style="width: 90%;" type="text"/>	<b>Accessioner</b> <input style="width: 90%;" type="text"/>	<b>Date and Time Received</b> <input style="width: 90%;" type="text"/>
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