

Tucson Pathology Associates

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A Division of Pathology Specialists of Arizona, LLC

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Urology Requisition - CMG

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

Patient's Name
Or Label

Date

Time

DOB

City

Patient's Address

Zip

State

Phone #

ICD10

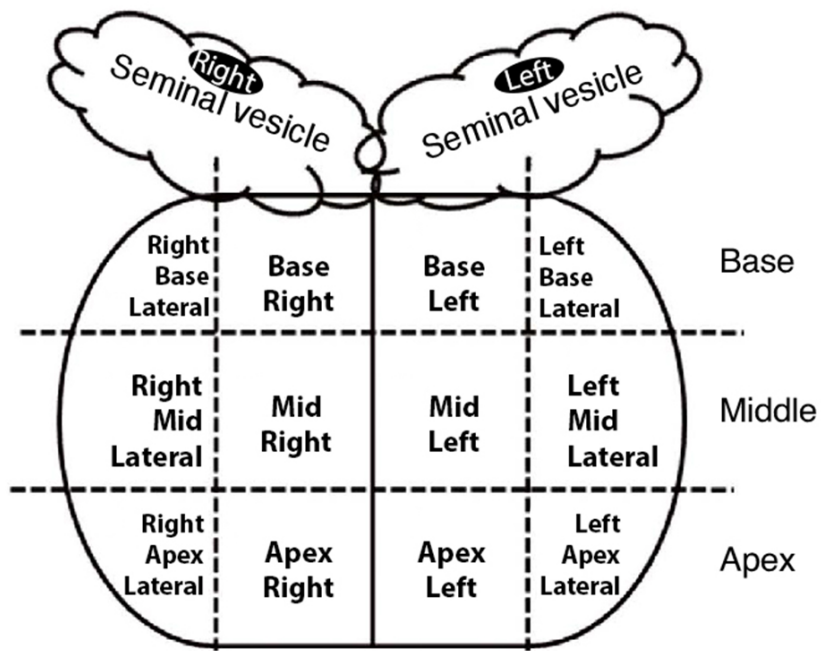
For TPA
use only

Patient's Insurance Info
 Copy of Card: Y N

Specimen Description

PSA **Clinical Stage**

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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** _____

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| Specimen Receiver <input style="width: 80%;" type="text"/> | Accessioner <input style="width: 80%;" type="text"/> | Date and Time Received <input style="width: 95%;" type="text"/> |
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