

**YOSEMITE PATHOLOGY™**  
Quality diagnostics for optimum patient care

**GASTROQ™** Gastrointestinal Pathology

4301 Northstar Way, Modesto, CA 95356  
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**NOTE: CA TITLE 17 (SEC. 1050) REQUIRES THE PHYSICIAN TO PROVIDE PATIENT'S DOB, SOURCE OF SPECIMEN, LMP, HISTORY, THERAPY, AND SLIDE/VIAL LABELED APPROPRIATELY - TWO (2) IDENTIFIERS.**

Date Collected:	Patient Name:	Birth Date:	Sex:
Street Address/Apt#:	City:	State:	Zip:
Responsible Party Phone #:	Social Security #:	MRN#	Physician Performing Procedure:

TYPE OF BILLING	COPY TO PHYSICIAN(S)
<input type="checkbox"/> Patient Bill <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Client Bill (Please attach a copy of the front and back of the patients insurance card.)	

DIAGNOSIS CODES	CLINICAL HISTORY / DIAGNOSIS
_____	

**Procedure Performed:**

Colonoscopy to \_\_\_\_\_

Flexible sigmoidoscopy to \_\_\_\_\_

EGD with \_\_\_\_\_

ERCP with \_\_\_\_\_

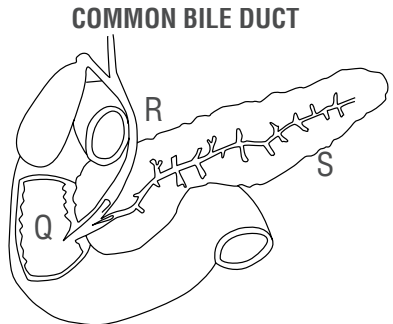
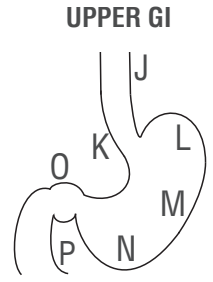
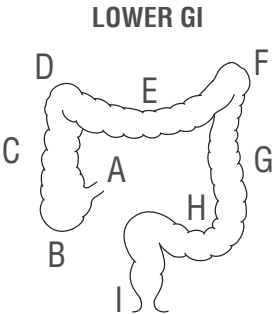
Other \_\_\_\_\_

Indications \_\_\_\_\_

Diagnosis Codes \_\_\_\_\_

Impressions/Diagnosis \_\_\_\_\_

**PGQ1234567**



Occult Blood:  Positive     Negative    Performance Check:  OK     Not OK

Complications:  None \_\_\_\_\_

Estimated Blood Loss (none unless documented): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Bottle #	Location	Polyp	Bottle #	Location	Polyp
1			6		
2			7		
3			8		
4			9		
5			10		

**Finding:**

Angiodysplasia	Colitis, Ulcerative	Duodenal Ulcer
Barretts	Colitis, Other	Esoph Varices
Bleeding Anal/Rectal	Crohn's Disease	Esophagitis
Bleeding Upper GI	Diverticulosis	Gastritis
Cancer, Type _____	Duodenitis	Polyps _____
Other _____		

Pt. Name: _____	Pt. Name: _____	Pt. Name: _____	Pt. Name: _____
Source: _____	Source: _____	Source: _____	Source: _____
<b>PGQ1234567</b>	<b>PGQ1234567</b>	<b>PGQ1234567</b>	<b>PGQ1234567</b>