YOSEMITE PATHOLOGY™
Quality diagnostics for optimum patient care

URO Q™ *Urologic Pathology*

4301 Northstar Way, Modesto, CA 95356
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www.ypmg.com

Date Collected:	Patient Name:		Birth Date:	Sex:

Street Address/Apt #:		City:	State:	Zip:

Responsible Party Phone #:	Social Security No.:	MRN #:	Physician Performing Procedure:

Type of Billing: ☐ Patient ☐ Insurance ☐ Medicare ☐ Medi-Cal ☐ Client
(Please attach front and back of insurance card)

Diagnosis Codes

Copy To Physician(s):

CLINICAL INFORMATION

- ☐ R97.2 Elevated PSA
- ☐ R31.9 _____ Hematuria
- ☐ Z30.2 Sterilization, Vas
- ☐ Z85.46 Hx of Prostate Cancer
- ☐ Z85.51 Hx of Bladder Cancer

- ☐ D40.0 Neoplasm of uncertain behavior, Prostate
- ☐ D41.4 Neoplasm of uncertain behavior, Bladder
- ☐ C67.9 Malignant neoplasm bladder, Unspecified
- ☐ N40.1 Benign prostate hypertrophy with urinary obstruction
- ☐ Other:_____

NON-GYN CYTOLOGY

YUQ1234567

NON-GYN CYTOLOGY SPECIMEN:_____

☐ Urine Cytology   ☐ Voided   ☐ Catheter   ☐ Right-Upper Tract   ☐ **UroVysion (Bladder Cancer) FISH Reflex for:** ☐ Atypical ☐ Positive

☐ Conduit/Neoblad   ☐ Left-Upper Tract   ☐ Renal Calculus for Analysis   ☐ Urine PCA3

TISSUE BIOPSY (DESIGNATE SITES):

1._____   4._____

2._____   5._____

3._____   6._____

PROSTATE BIOPSIES

LEFT LATERAL BASE	LEFT MEDIAL BASE	RIGHT MEDIAL BASE	RIGHT LATERAL BASE
LEFT LATERAL MID 1	LEFT MEDIAL MID 1	RIGHT MEDIAL MID 1	RIGHT LATERAL MID 1
LEFT LATERAL MID 2	LEFT MEDIAL MID 2	RIGHT MEDIAL MID 2	RIGHT LATERAL MID 2
LEFT LATERAL MID 3	LEFT MEDIAL MID 3	RIGHT MEDIAL MID 3	RIGHT LATERAL MID 3
LEFT LATERAL APEX	LEFT MEDIAL APEX	RIGHT MEDIAL APEX	RIGHT LATERAL APEX
LEFT TRANSITIONAL ZONE 1	LEFT TRANSITIONAL ZONE 2	RIGHT TRANSITIONAL ZONE 1	RIGHT TRANSITIONAL ZONE 2
LEFT SEMINAL VESICLE			RIGHT SEMINAL VESICLE

Left Lateral Base YUQ1234567 Pt. Name:_____	Left Medial Base YUQ1234567 Pt. Name:_____	Right Medial Base YUQ1234567 Pt. Name:_____	Right Lateral Base YUQ1234567 Pt. Name:_____
Left Lateral Mid YUQ1234567 Pt. Name:_____	Left Medial Mid YUQ1234567 Pt. Name:_____	Right Medial Mid YUQ1234567 Pt. Name:_____	Right Lateral Mid YUQ1234567 Pt. Name:_____
Left Lateral Apex YUQ1234567 Pt. Name:_____	Left Medial Apex YUQ1234567 Pt. Name:_____	Right Medial Apex YUQ1234567 Pt. Name:_____	Right Lateral Apex YUQ1234567 Pt. Name:_____
YUQ1234567 Pt. Name:_____	YUQ1234567 Pt. Name:_____	YUQ1234567 Pt. Name:_____	PUQ1234567 Pt. Name:_____