Urology Requisition

Genesis HEALTHCARE

P: 858.810.7280 F: 858.221.5045

Ordering Physician	Account Information
Referring Physician:	Referring MD Fax:

Patient Information

Last Name: First Name: MI:

Date of Birth (Age): Gender: EMR #: Phone (H):

Street Address: City: State: Zip Code:

Billing Information

O Insurance O Medicare O Medicaid O Patient O Client

O Secondary Insurance Information (Attached) Include: O Copy of the front and back of the patient's insurance card

Insurance Company: Policy #: Group Contract #: Medicare/Medicaid #:

Referral #: Name of Insured: Relation to Insured:

Employer Name: Street Address: City: State: Zip Code:

ICD-10 Information

ENCOUNTER: O Initial Encounter O Subsequent Encounter O Sequela

Prostate:
- O R97.2 Elevated PSA
- O C61 Malignant Neoplasm of Prostate
- O D07.5 Carcinoma in situ of Prostate
- O N41.0 Acute Prostatitis
- O N41.1 Chronic Prostatitis
- O Z85.46 History of Prostate Cancer

Bladder:
- O N30.00 Acute Cystitis w/o Hematuria
- O N30.10 Interstitial Cystitis (Chronic) w/o Hematuria

Cytology:
- O R31.0 Gross Hematuria
- O R31.2 Other Microscopic Hematuria
- O R31.9 Hematuria, Unspecified

Malignant Bladder Neoplasm (pick location)
- O C67.0 Trigone
- O C67.1 Dome
- O C67.2 Lateral Wall
- O C67.3 Anterior Wall
- O C67.4 Posterior Wall
- O C67.5 Bladder Ne
- O C67.6 Ureteric Or
- O C67.7 Urachus
- O C67.8 Overlappin
- O C67.9 Unspecifie

O Other: ICD-10 Code:

Collection Information

Date: Time: Number of Jars:

Level of Service

O Global O Tech Only O Consult O Professional Only

Biopsy/Histology

Collection Method:
- O Biopsy
- O TURBT
- O Needle Core Biopsy
- O TURP
- O Cold Cup Biopsy
- O Other

Genomic Testing:
- O Know Error
- O Confirm MDx
- O Prolaris
- O OncoType Dx
- O PTEN
- O PTEN/ERG FISH

PSA: Clinical Stage:

Previous Biopsy:

Previous Therapy:

Cytology & FISH Testing

Collection Method:
- O Voided Urine
- O Catherized
- O Ileal Conduit
- O Cytoscopy
- O Bladder Wash
- O Uretral Wash __L __R
- O Renal Wash __L __R
- O Other

Test Requested:
- O Cytology
  - Option: O Enhanced Cytology, add Feulger
  - O Reflex FISH for Atypical Cytolog
- O Cytology + FISH
  - Option O Enhanced Cytology, add Feulge
- O FISH Only

Site Information

Site	Source	Site	Source
A		I	
B		J	
C		K	
D		L	
E		M	
F		N	
G		O	
H		P	

Signature:

Patient, Client and Billing information is requested for timely processing of this case. Medicare an payers require that services be medically necessary for coverage and generally do not cover routi

Biopsy Requisition

Kansas City Urology Care P.A.

10701 Nall #100 • Overland Park, KS 66211

COLLECTION LOCATION: ❑ Plaza = PLA ❑ North Kansas City = NKC ❑ Liberty = LIB ❑ Nall = NALL

REQUESTING PHYSICIAN

- ❑ Justin Albani, M.D. – LIB
- ❑ Jason Anast, M.D. – OLA
- ❑ Marcus Austenfeld, M.D. – PLA
- ❑ Mark Austenfeld, M.D. – PLA
- ❑ Nate Ballek, M.D. – LS
- ❑ Mirian Boci, M.D. – OLA
- ❑ David Bock, M.D. – NALL
- ❑ Kenneth Collins, M.D. – NKC
- ❑ David Emmott, M.D. – SM
- ❑ Andrew Flum, M.D. – PRO
- ❑ Kent Haggard, M.D. – NKC
- ❑ William Herre, M.D. – SM
- ❑ Thomas Herrick, M.D. – NKC
- ❑ Lindsay Hertzig, M.D. – NALL
- ❑ Christian Hettinger, M.D. – NALL
- ❑ Daniel Holmes, M.D. – PLA
- ❑ Greg Horwitz, M.D. – NKC
- ❑ Brandan Kramer, M.D. – NKC
- ❑ Sam Kuykendall, M.D. – PRO
- ❑ James Magera, M.D. – LIB
- ❑ Scott Montgomery, M.D. – SM
- ❑ Steven Nash, M.D. – BEL
- ❑ Son Nguyen, M.D. – LEN
- ❑ Gerald Park, M.D. – NKC
- ❑ Brandon Pomeroy, M.D. – PLA
- ❑ John Strickland, M.D. – SM
- ❑ Susan Sweat, M.D. – SM
- ❑ Douglas Tietjen, M.D. – LS
- ❑ _____
- ❑ _____

PATIENT INFORMATION

Name: _____ (Last / First / MI)

D.O.B.: ____/____/____ Age: _____ ❑ Male ❑ Female

SSN: _____

Account #: _____

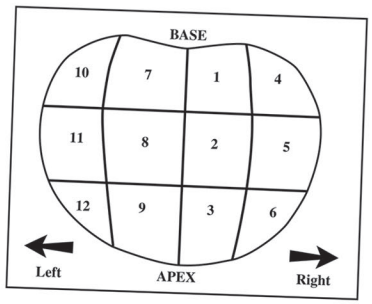
SPECIMEN INFORMATION

Accession No.: _____

Collection Date: _____ / _____ / _____

Received Date: _____ / _____ / _____

DIAGRAM



DIAGNOSIS

Last PSA _____

❑ Elevated PSA	R97.2
❑ Neoplasm uncertain behavior	D40.0
❑ Nodular Prostate w/o LUTS	N40.2
❑ Nodular Prostate w/ LUTS	N40.3
❑ Prostatitis acute	N41.0
❑ Prostatitis chronic	N41.1
❑ Prostate cancer	C61
❑ H/O bladder cancer	Z85.51
❑ Bladder cancer unspecified location	C67.9
❑ Renal cancer unspecified side	C64.9
❑ Bladder lesion	N32.9
❑ Acute cystitis w/o hematuria	N30.00
❑ Acute cystitis w/ hematuria	N30.01
❑ Chronic cystitis w/o hematuria	N30.20
❑ Chronic cystitis w/ hematuria	N30.21
❑ Interstitial cystitis w/o hematuria	N30.10
❑ Interstitial cystitis w/ hematuria	N30.11
❑ Hematuria gross	R31.0
❑ Hematuria benign micro	R31.1
❑ Hematuria other micro	R31.2
❑ Hematuria unspecified	R31.9

GROSS DESCRIPTION

	Site	Core(s)	Length(s) In mm
	1. Right Medial Base		
	2. Right Medial Mid		
	3. Right Medial Apex		
	4. Right Lateral Base		
	5. Right Lateral Mid		
	6. Right Lateral Apex		
	7. Left Medial Base		
	8. Left Medial Mid		
	9. Left Medial Apex		
	10. Left Lateral Base		
	11. Left Lateral Mid		
	12. Left Lateral Apex		
	13.		
	14.		

OTHER TISSUE

Description	No. of Specimens

CLINICAL INFO: