



CPC Pathology
 28100 N. Ashley Circle
 Suite 106
 Libertyville, IL 60048
 Phone: 847-996-1030
 Fax: 847-996-0791

Laboratory use only:

PLACE PATIENT STICKER HERE.	Pre-op Diagnosis, Signs and Symptoms:	
Ordering Physician Name: (Please check one.)		ICD Code:
<input type="checkbox"/> Dr. John Doe	<input type="checkbox"/> Dr. John Doe	Chicago Shore Endoscopy Center 222 Pathology Road, Suite 222 Lake Bluff, IL 60044 Ph: 847-222-2222
<input type="checkbox"/> Dr. John Doe	<input type="checkbox"/> Dr. John Doe	
<input type="checkbox"/> Dr. John Doe	<input type="checkbox"/> Dr. John Doe	
<input type="checkbox"/> Dr. John Doe	<input type="checkbox"/> Dr. John Doe	
<input type="checkbox"/> Other:		
Collection Date: / /		
Referring Physician:		
Specimen Site:	Post-Op Diagnosis / Finding:	Procedure:
1		<input type="checkbox"/> Biopsy <input type="checkbox"/> Polypectomy
2		<input type="checkbox"/> Biopsy <input type="checkbox"/> Polypectomy
3		<input type="checkbox"/> Biopsy <input type="checkbox"/> Polypectomy
4		<input type="checkbox"/> Biopsy <input type="checkbox"/> Polypectomy
5		<input type="checkbox"/> Biopsy <input type="checkbox"/> Polypectomy
6		<input type="checkbox"/> Biopsy <input type="checkbox"/> Polypectomy
7		<input type="checkbox"/> Biopsy <input type="checkbox"/> Polypectomy
8		<input type="checkbox"/> Biopsy <input type="checkbox"/> Polypectomy
Special Requests:		