



NAPLES PATHOLOGY ASSOCIATES

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PROSTATE BIOPSY REQUISITION

REQ NO. 100

___ Bill Doctor ___ Bill Medicare / Medicaid ___ Bill Patient / Insurance

Date	NPA Accession # (Lab use only)
Date of Birth	Physician
Age	Courtesy Copy to the following physician(s)
M F	Social Security Number

Patient Last Name	First	Middle
Patient Street Address		
Patient City/State/Zip		Patient Telephone Number

Primary Insurance # or Medicare #. Attach info as appropriate.

Place of Service: Ambulatory Surg Center Office
Hospital: Outpatient Inpatient

Authorized Provider Signature:

SPECIMEN SITE	GROSS DESCRIPTION (lab use)	CLINICAL IMPRESSION / HISTORY	
A. Left Lateral Base (LLB)			
B. Left Lateral Mid (LLM)			
C. Left Lateral Apex (LLA)			
D. Left Base (LB)			
E. Left Mid (LM)			
F. Left Apex (LA)			
G. Right Base (RB)			
H. Right Mid (RM)			
I. Right Apex (RA)			
J. Right Lateral Base (RLB)			
K. Right Lateral Mid (RLM)		DIAGNOSIS and CLINICAL ICD-10 CODES <input type="checkbox"/> Elevated PSA <input type="checkbox"/> Prostate cancer <input type="checkbox"/> Abnormal prostate exam <input type="checkbox"/> Hematuria <input type="checkbox"/> Prostate nodule <input type="checkbox"/> Other: _____	
L. Right Lateral Apex (RLA)			
		SPECIMEN SITE (Other)	GROSS DESCRIPTION (lab use)
		M.	
		N.	
		O.	
		P.	

100 - A LLB Naples Pathology Associates	100 - D LB Naples Pathology Associates	100 - G RB Naples Pathology Associates	100 - J RLB Naples Pathology Associates
100 - B LLM Naples Pathology Associates	100 - E LM Naples Pathology Associates	100 - H RM Naples Pathology Associates	100 - K RLM Naples Pathology Associates
100 - C LLA Naples Pathology Associates	100 - F LA Naples Pathology Associates	100 - I RA Naples Pathology Associates	100 - L RLA Naples Pathology Associates
100 - M (Other) Site: _____ Naples Pathology Associates	100 - N (Other) Site: _____ Naples Pathology Associates	100 - O (Other) Site: _____ Naples Pathology Associates	100 - P (Other) Site: _____ Naples Pathology Associates