

DR ISABEL
ALVAREZ

DATE RECEIVED		
YEAR	MONTH	DAY

CYTOLOGY NUMBER

REQUISITIONING PHYSICIAN, NAME AND ADDRESS

MARKHAM FAMILY HEALTH TEAM
122 Cornell Park Avenue, Unit 1
Markham, Ontario
L6B 1B6

HEALTH NUMBER	VERSION	PROV.	DATE OF BIRTH	YEAR	MONTH	DAY
47378716914	TE		6/3	10	18	

PATIENT'S SURNAME	FIRST NAME	MIDDLE INITIAL	F	M
GERARDO	GERALDINE		X	

PHYSICIAN NUMBER

263434

PATIENT'S CHART NUMBER

CP50 52754

ADDRESS

PHONE NUMBER

405-713-0230

POSTAL CODE

COPY TO: (PHYSICIAN'S NUMBER, FULL NAME AND ADDRESS)

TYPE OF SPECIMEN:

SLIDES SUBMITTED

- ☒ CERVICAL ☐ COMBINED ☐ ENDOCERVICAL ☐ VAGINAL
☐ OTHER (SPECIFY)

- COLLECTION ☐ SPATULA ☐ BRUSH ☒ BROOM
INSTRUMENT: ☐ OTHER (SPECIFY)

GYNECOLOGICAL DATA (IMPORTANT)

DATE SMEAR TAKEN YY MM DD 2023 08 31
YY MM DD

LMP (FIRST DAY)

CERVIX: ☒ NORMAL ☐ ABNORMAL ☐ EROSION

- ☐ POST MENOPAUSAL BLEEDING
☐ ABNORMAL BLEEDING
☐ DISCHARGE (SPECIFY)

☐ PREGNANCY WKS
☐ POST PARTUM WKS

☐ PERI MENOPAUSAL

☒ POST MENOPAUSAL

☐ HORMONE REPLACEMENT THERAPY (SPECIFY)

CONTRACEPTION ☐ BCP
☐ IUD

HYSTERECTOMY:
☐ PARTIAL - CERVIX PRESENT
☐ TOTAL - NO CERVIX

PREVIOUS HISTORY:

☐ PREVIOUS ABNORMAL CYTOLOGY

RESULT / DATE:

PREVIOUS ☐ COLPOSCOPY ☐ BIOPSY

RESULT / DATE:

☐ LASER ☐ PREVIOUS IRRADIATION
☐ CRYOTHERAPY ☐ CHEMOTHERAPY

DATE:

OTHER CLINICAL REMARKS

DESCRIPTION

- ☐ SUITABLE ☐ THICK ☐ WATERY
☐ RECEIVED UNLABELLED ☐ SCANTY ☐ CLEAR
☐ SLIDE BROKEN IN TRANSIT ☐ BLOODY ☐ TURBID
☐ FLOCCULENT

TYPE OF SPECIMEN:

DATE OF COLLECTION

SLIDES SUBMITTED

SPECIMENS SUBMITTED

- ☐ SPUTUM
☐ URINE

BREAST ☐ LEFT ☐ RIGHT
☐ CYST
☐ BREAST NODULE
☐ NIPPLE DISCHARGE

THYROID FNA: ☐ LEFT ☐ RIGHT
NODULAR: ☐ SINGLE
☐ MULTIPLE

☐ OTHER (SPECIFY)

NON GYN CLINICAL DATA (IMPORTANT)

INCLUDE OTHER KNOWN MALIGNANCIES AND SITES

PLACE BAR CODE
ACCESSION
LABEL HERE