

Colposcopy Referral Form

Patient Name	:	Alston Rebello			Emirates ID	:	784-1991-2906159-3	
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Alan Alfred	Date	:	2025-02-21

Primary Provider :

Date Submitted : 4/19/2024 12:00:00 AM

Reason for Colposcopy (check one):

----- ASC-US with high risk HPV

----- LSIL (if adolescent or postmenopausal may not need colpo, see ASCCP algorithm)

----- HSIL

----- ASC-H (Atypical squamous cells, cannot exclude high grade)

----- AGC (Atypical glandular cells)

----- Abnormal finding on pelvic exam, please explain below :

Please attach form to patient chart and submit to Colposcopy Preceptor for approval.

If patient from outside office, please attach copy of most recent Pap report.

For Office Manager/Nursing:

Date Patient contacted : 4/19/2024 12:00:00 AM

Date Colposcopy Patient Information packet sent : 4/19/2024 12:00:00 AM

Colposcopy Appointment Date/Time : 4/19/2024 12:00:00 AM 00:00

Resident/provider to assist with procedure : yuiyi

If patient postmenopausal, needs Estrace vaginal cream 4g PV qhs x 3wks to stop 24hrs prior to colposcopy

Date prescribed : 4/19/2024 12:00:00 AM

Does patient want medication for anxiety prior to procedure? (needs to have someone drive her to and from our office for procedure)

☒ Yes ☐ No

-Alprazolam 0.5mg 1 tab po 1 hr before procedure Disp #1 No refills

-Complete one below:

Date written Rx given : 4/19/2024 12:00:00 AM

OR

Date called in to pharmacy : 4/4/2024 12:00:00 AM

Pharmacy name/number :

Follow-up:

Date Pathology report received or normal colposcopy confirmed : 4/19/2024 12:00:00 AM

Date patient entered into Pap recall or appropriate referral made : 4/19/2024 12:00:00 AM

Sign here, only if all of your questions have been answered to your satisfaction

Patient

Approved for colposcopy

Doctor

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Patient Name Alston Rebello Date 2025-02-21	Date approved 2025-02-21	Doctor Name Alan Alfred - Dental (15245565544445) Date 2025-02-21