Colposcopy Referral Form								
Patient Name	:	sai krishna			Emirates ID	:	784-8666-6666666-7	
File No	:	8	DOB		1996-09-25	Nationality	:	Other
Gender	:	Male	Doctor's Name		Gyenec Test	Date		2024-02-05

Primary Provider : gfgfgfg	Date Submitte	ed : 2/2/2024 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 algor	ithm)
HSIL		
ASC-H (Atypical squamous cells, cannot exclude high grade	2)	
AGC (Atypical glandular cells)		
Abnormal finding on pelvic exam, please explain below:		
Please attach form to patient chart and submit to Colposcopy P	receptor for appr	oval.
If patient from outside office, please attach copy of most recer	nt Pap report.	
For Office Manager/Nursing:		
Date Patient contacted: 2/2/2024 12:00:00 AM		
Date Colposcopy Patient Information packet sent : 2/2/2024 12:0	00:00 AM	
Colposcopy Appointment Date/Time: 2/2/2024 12:00:00 AM 02:0	0	
Resident/provider to assist with procedure : fgfgfgfg		
If patient postmenopausal, needs Estrace vaginal cream 4g PV	qhs x 3wks to sto	op 24hrs prior to colposcopy
Date prescribed : 2/2/2024 12:00:00 AM		
Does patient want medication for anxiety prior to procedure? (ne	eds to have some	one drive her to and from our office for procedure)
C Yes C No		
-Alprazolam 0.5mg 1 tab po 1hr before procedure Disp #1 No	refills	
-Complete one below:		
Date written Rx given : 2/2/2024 12:00:00 AM	OR	Date called in to pharmacy : 2/9/2024 12:00:00 AM

Date Pathology report received or normal colposcopy confirmed: 2/2/2024 12:00:00 AM

Date patient entered into Pap recall or appropriate referral made: 2/9/2024 12:00:00 AM

Pharmacy name/number : fgfgfg

Follow-up:

Patient	Approved for colposcopy	Doctor	
Patient Name sai krishna Date 2024-02-05	Date approved 2024-02-05	Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-02-05	

