Colposcopy Referral Form									
Patient Name	:	Reshma Siya	ı			Emirates ID	:	784-6478-3648736-8	
File No	:	4	DOB	:	1995-05-21	Nationality		Other	
Gender	:	Female	Doctor's Name	:	Gyenec Test	Date	:	2024-02-28	

Primary Provider : IIIIII	Date Si	Ibmitted: 2/15/2024 12:00:00 AM
Reason for Colposcopy (check one):		
ASC-US with high risk HPV		
LSIL (if adolescent or postmenopausal may not nee	ed colpo, see ASCC	P algorithm)
HSIL		
ASC-H (Atypical squamous cells, cannot exclude hig	h grade)	
AGC (Atypical glandular cells)		
Abnormal finding on pelvic exam, please explain bel	low:	
Please attach form to patient chart and submit to Colpos	scopy Preceptor fo	or approval.
If patient from outside office, please attach copy of mos	st recent Pap repo	rt.
For Office Manager/Nursing:		
Date Patient contacted: 2/15/2024 12:00:00 AM		
Date Colposcopy Patient Information packet sent : 2/15/20	024 12:00:00 AM	
Colposcopy Appointment Date/Time: 2/15/2024 12:00:00	AM 02:00	
Resident/provider to assist with procedure : ffff		
If patient postmenopausal, needs Estrace vaginal cream	n 4g PV qhs x 3wk	s to stop 24hrs prior to colposcopy
Date prescribed : 2/15/2024 12:00:00 AM		
Does patient want medication for anxiety prior to procedu	re? (needs to have	someone drive her to and from our office for procedure)
C Yes No		
-Alprazolam 0.5mg 1 tab po 1hr before procedure Disp	#1 No refills	
-Complete one below:		
Date written Rx given : 2/15/2024 12:00:00 AM	OR	Date called in to pharmacy: 2/15/2024 12:00:00 AM
Pharmacy name/number : fffff		

Date Pathology report received or normal colposcopy confirmed: 2/15/2024 12:00:00 AM

Date patient entered into Pap recall or appropriate referral made : 2/15/2024 12:00:00 AM

Follow-up:

Patient	Approved for colposcopy	Doctor
J		
Patient Name Reshma Siya Date 2024-02-28	Date approved 2024-02-28	Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-02-28

