Colposcopy Referral Form									
Patient Name	:	Reshma Siya			Emirates ID	:	784-6478-3648736-8		
File No	:	4	DOB	:	1995-05-21	Nationality		Other	
Gender	:	Female	Doctor's Name		Gyenec Test	Date		2024-02-17	

Primary Provider : bgfghggh	Date S	ubmitted : 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 ne	eed colpo, see ASCC	P algorithm)
HSIL		
ASC-H (Atypical squamous cells, cannot exclude hi	gh grade)	
AGC (Atypical glandular cells)		
Abnormal finding on pelvic exam, please explain b	elow:	
Please attach form to patient chart and submit to Colp	oscopy Preceptor fo	or approval.
If patient from outside office, please attach copy of mo	ost recent Pap repo	rt.
For Office Manager/Nursing:		
Date Patient contacted: 2/2/2024 12:00:00 AM		
Date Colposcopy Patient Information packet sent : 2/2/2	024 12:00:00 AM	
Colposcopy Appointment Date/Time: 2/2/2024 12:00:00	AM 01:00	
Resident/provider to assist with procedure : fgfghfgh		
If patient postmenopausal, needs Estrace vaginal crea	m 4g PV qhs x 3wk	s to stop 24hrs prior to colposcopy
Date prescribed : 2/3/2024 12:00:00 AM		
Does patient want medication for anxiety prior to proced	ure? (needs to have	someone drive her to and from our office for procedure)
• 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 : 2/2/2024 12:00:00 AM

Follow-up:

Pharmacy name/number : fghfghgfh

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 : 2/2/2024 12:00:00 AM

Patient	Approved for colposcopy	Doctor
Patient Name Reshma Siya Date 2024-02-17	Date approved 2024-02-17	Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-02-17

