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		2024-02-07

Primary Provider : gdfgdfgdfg	Date Submitted	: 2/1/2024 12:00:00 AM
Reason for Colposcopy (check one):		
ASC-US with high risk HPV		
LSIL (if adolescent or postmenopausal may not need colpo, s	ee ASCCP algorith	m)
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 Pre	ceptor for approv	al.
If patient from outside office, please attach copy of most recent l	Pap report.	
For Office Manager/Nursing:		
Date Patient contacted: 2/1/2024 12:00:00 AM		
Date Colposcopy Patient Information packet sent : 2/2/2024 12:00:	00 AM	
Colposcopy Appointment Date/Time: 2/1/2024 12:00:00 AM 01:30		
Resident/provider to assist with procedure : dfgdfgf		
If patient postmenopausal, needs Estrace vaginal cream 4g PV q	ns x 3wks to stop	24hrs prior to colposcopy
Date prescribed : 2/1/2024 12:00:00 AM		
Does patient want medication for anxiety prior to procedure? (need	s to have someone	e drive her to and from our office for procedure)
€ Yes € No		
-Alprazolam 0.5mg 1 tab po 1hr before procedure Disp #1 No re	fills	
-Complete one below:		
Date written Rx given : 2/1/2024 12:00:00 AM	R [Date called in to pharmacy : 2/1/2024 12:00:00 AM
Pharmacy name/number : dfgdfgdfg		

Date Pathology report received or normal colposcopy confirmed: 2/1/2024 12:00:00 AM

Date patient entered into Pap recall or appropriate referral made : 2/1/2024 12:00:00 AM

Follow-up:

Patient	Approved for colposcopy	Doctor
Patient Name Reshma Siya Date 2024-02-07	Date approved 2024-02-07	Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-02-07

