

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	:	2024-03-05			

Primary Provider :

Date Submitted : 3/5/2024 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 : 3/5/2024 12:00:00 AM

Date Colposcopy Patient Information packet sent : 3/5/2024 12:00:00 AM

Colposcopy Appointment Date/Time : 3/5/2024 12:00:00 AM 00:00

Resident/provider to assist with procedure : bbnbn

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

Date prescribed : 3/5/2024 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 1hr before procedure Disp #1 No refills

-Complete one below:

Date written Rx given : 3/5/2024 12:00:00 AM

OR

Date called in to pharmacy : 3/5/2024 12:00:00 AM

Pharmacy name/number :

Follow-up:

Date Pathology report received or normal colposcopy confirmed : 3/5/2024 12:00:00 AM

Date patient entered into Pap recall or appropriate referral made : 3/5/2024 12:00:00 AM

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

Patient	Approved for colposcopy	Doctor
		<div></div>
Patient Name Reshma Siya Date 2024-03-05	Date approved 2024-03-05	Doctor Name Gynec Test - Gynaecology (S6) Date 2024-03-05

