



6 Industrial Way West  
Suite F19  
Eatontown, NJ 07724  
P: 732-542-3200  
F: 866-495-9427  
www.yourgotolab.com

# Gastroenterology Requisition

## Physician Information

## Patient Information

Patient Name: \_\_\_\_\_  
(Last Name, First Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone#: \_\_\_\_\_

Gender:  Male  Female SS#: \_\_\_\_\_

## Requesting Physician's Signature

X \_\_\_\_\_

## Collection Information

Collection Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ am/pm

Collection Site:  Office  Home  ASC  Urgent Care  Hospital

## Billing Information (Please attach copies of all cards, front and back)

PRIMARY  Billing Information Attached

Medicare  Medicaid  Other Insurance  Self Pay  Bill Ordering Physician

Insurance Carrier: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

SECONDARY

Medicare  Medicaid  Other Insurance  Self Pay  Bill Ordering Physician (no ins. info needed)

ICD-10 CODE(S): \_\_\_\_\_

(See list on reverse side for references)

## Clinical Information (Copy of endoscopic findings may be attached)

- |  |   |                                       |                                       |   |
|--|---|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Abdominal Pain  | <input type="checkbox"/> Chest Pain             | <input type="checkbox"/> Constipation | <input type="checkbox"/> GI Bleeding  | <input type="checkbox"/> Hx PUD           |
| <input type="checkbox"/> Abnormal x-ray  | <input type="checkbox"/> Cirrhosis              | <input type="checkbox"/> Diarrhea     | <input type="checkbox"/> Hematemesis  | <input type="checkbox"/> Mass             |
| <input type="checkbox"/> Anemia/Iron Def | <input type="checkbox"/> Cancer Screening       | <input type="checkbox"/> Dyspepsia    | <input type="checkbox"/> Heme + stool | <input type="checkbox"/> Melena           |
| <input type="checkbox"/> Barrett's       | <input type="checkbox"/> Celiac Disease         | <input type="checkbox"/> Dysphagia    | <input type="checkbox"/> Hx IBD       | <input type="checkbox"/> Nausea /Vomiting |
| <input type="checkbox"/> BRBPR           | <input type="checkbox"/> Change in bowel habits | <input type="checkbox"/> GERD         | <input type="checkbox"/> Hx Polyps    | <input type="checkbox"/> Nsaid Usage      |
|  |   |                                       |                                       | <input type="checkbox"/> Varices          |

Personal Hx of:  Breast/Gyn Cancer  Colon Cancer  Other (list): \_\_\_\_\_

Family Hx of:  Polyps  Colon Cancer  Other (list): \_\_\_\_\_

Endoscopic Findings:

Comments:  R/O Barrett's  R/O Eosinophilic Esophagitis  R/O Malignancy  Other (list): \_\_\_\_\_  
 R/O Celiac Disease  R/O H. Pylori  R/O Microscopic Colitis  
 R/O Dysplasia  R/O Inflammatory Bowel Disease  R/O Polyp

## Specimen Submitted

	Biopsy Site(s)	ICD-10 Code(s)
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		

**Patient Consent:** I authorize payment to be paid to A2Z Diagnostics, LLC shown above for laboratory testing benefits otherwise payable to me. I understand I am financially responsible to A2Z Diagnostics, LLC for charges not paid or payable under my insurance program attached. I understand that my insurance may not be able to honor this request. If they cannot, they will pay the benefits directly to me as the insured and will direct the payment to A2Z Diagnostics, LLC.

**Patient Signature:** \_\_\_\_\_

**A**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**B**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**C**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**D**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**E**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**F**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**G**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**H**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**I**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**J**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**K**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

**L**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

## DIAGNOSIS/ICD-10 CODES

Note: This list is provided in an effort to show some of the more commonly used Diagnosis Codes. Please Mark with a ALL Diagnosis Codes that describe the reason(s) for ordering the test(s).

GASTROINTESTINAL ICD-10 TOP DIAGNOSTIC CODES						
LOCATION	MALIGNANT PRIMARY	MALIGNANT SECONDARY	MALIGNANT CA IN SITU	BENIGN	UNCERTAIN BEHAVIOR	UNSPECIFIED BEHAVIOR
<b>Cecum</b>	C18.0	C78.5	D01.0	D12.0	D37.4	D49.0
<b>Colon</b>	C18.9	C78.5	D01.0	D12.6	D37.4	D49.0
Ascending	C18.2	C78.5	D01.0	D12.2	D37.4	D49.0
Descending	C18.6	C78.5	D01.0	D12.4	D37.4	D49.0
Sigmoid	C18.7	C78.5	D01.0	D12.5	D37.4	D49.0
Transverse	C18.4	C78.5	D01.0	D12.3	D37.4	D49.0
<b>Colon and Rectum</b>	C19	C78.5	D01.1	D12.7	D37.4	D49.0
<b>Gastric</b>	C16.9	C78.89	D00.2	D13.1	D37.4	D49.0
<b>Rectum</b>	C20	C78.5	D01.2	D12.8	D37.4	D49.0
<b>Small Intestines</b>	C17.9	C78.4	D01.40	D13.30	D37.2	D49.0
Duodenum	C17.0	C78.4	D01.49	D13.2	D37.2	D49.0
Ileum	C17.2	C78.4	D01.49	D13.39	D37.2	D49.0
Jejunum	C17.1	C78.4	D01.49	D13.39	D37.2	D49.0
COMMON DIAGNOSES		ICD-10	COMMON DIAGNOSES		ICD-10	
<b>Abdominal Pain</b>			<b>Gastrointestinal hemorrhage, Unspecified</b>		K92.2	
RUQ		R10.11	<b>H. pylori Infection</b>		B96.81	
LUQ		R10.12	<b>Heartburn</b>		R12	
RLQ		R10.31	<b>Hemorrhage of Rectum &amp; Anus</b>		K62.5	
LLQ		R10.32	<b>Hemorrhoids</b>			
<b>Abnormal findings radiologic or other exam of GI tract</b>		R93.3	Internal		K64.8	
<b>Anal Fissure</b>			External		K64.4	
Acute		K60.0	Unspecified		K64.9	
Chronic		K60.1	<b>Hernia</b>			
<b>Anemia</b>		D64.9	Diaphragmatic, Hiatal, Esophageal, Sliding, Paraesophageal w/ obstruct		K44.0	
Iron Deficiency Anemia		D50.9	<b>History of:</b>			
<b>Barrett's Esophagus</b>			Family History of Colon Polyps		Z83.71	
without dysplasia		K22.70	Family History of Malignant Neoplasm of GI Tract		Z80.0	
with low grade dysplasia		K22.710	Personal History of Colon Polyps		Z86.010	
with high grade dysplasia		K22.711	Personal History of Malignant Neoplasm of Large Intestines		Z85.038	
with dysplasia, unspecified		K22.719	<b>Irritable Bowel Syndrome</b>			
<b>Blood in Stool</b>		K92.1	with diarrhea		K58.0	
<b>Celiac Disease</b>		K90.0	without diarrhea		K58.9	
<b>Change in Bowel Habits</b>		R19.4	<b>Nausea</b>			
<b>Cholecystitis, Acute</b>		K81.0	alone		R11.0	
<b>Cholecystitis, Chronic</b>		K81.1	with vomiting		R11.2	
<b>Cholecystitis, Chronic with Cholelithiasis – without obstruction</b>		K80.10	<b>Peptic Ulcer</b>		K27.7	
<b>Colon Polyp</b>		K63.5	<b>Polyp</b>			
<b>Constipation</b>		K59.00	Anal		K62.0	
<b>Diarrhea</b>		R19.7	Rectal		K62.1	
<b>Diverticulitis, Unspecified w/out perforation or abscess w/out bleeding</b>		K57.92	<b>Rectal Pain</b>		K62.89	
<b>Diverticulosis, L Intestines w/out perforation or abscess w/out bleeding</b>		K57.30	<b>Regional Enteritis of Small Intestines</b>		K50.00	
<b>Dyspepsia</b>		K30	<b>Regional Enteritis of Large Intestines</b>		K50.10	
<b>Dysphagia</b>		R13.10	<b>Regional Enteritis of Small Intestines with Large Intestines</b>		K50.80	
<b>Esophageal Ulcer without bleeding</b>		K22.10	<b>Screening Colonoscopy</b>		Z12.11	
<b>Esophageal Reflux</b>			<b>Spleen Disease, NOS</b>		D73.9	
with Esophagitis		K21.0	<b>Stricture &amp; Stenosis of Esophagus</b>		K22.2	
without Esophagitis		K21.9	<b>Tropical Sprue</b>		K90.1	
<b>Esophagitis, Acute</b>		K20.9	<b>Ulcer of Anus &amp; Rectum</b>		K62.6	
Eosinophilic Esophagitis		K20.0	<b>Ulcer of Intestine</b>		K63.3	
<b>Gastric Ulcer, Unspecified without hemorrhage or perforation</b>		K25.9	<b>Ulcerative Colitis, Unspecified</b>		K51.90	
<b>Gastritis, Acute without bleeding</b>			<b>Vomiting</b>		R11.10	
Atrophic, Chronic without bleeding		K29.40				
Chronic without bleeding		K29.50				