

**PRECISION PATHOLOGY**  
*Quality diagnostics for optimum patient care*  
**THYROQ™** *Thyroid Pathology*  
 6001 Norris Canyon Road, San Ramon, CA 94583  
 855.577.PPMG (7764) fax 925.526.4674  
 www.precisionyp.com



NOTE: CA TITLE 17 (SEC. 1050) REQUIRES THE PHYSICIAN TO PROVIDE PATIENT'S DOB, SOURCE OF SPECIMEN, LMP, HISTORY, THERAPY, AND SLIDE/VIAL LABELED APPROPRIATELY - TWO (2) IDENTIFIERS.

Date Collected:	Patient Name:	Birth Date:	Sex:
Street Address/Apt #:	City:	State:	Zip:
Responsible Party Phone #:	Social Security No.:	MRN #:	Physician Performing Procedure:
Type of Billing: <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Client <input type="checkbox"/> Slide Prep Only (Please attach a copy of the front and back of the patients insurance card.)	Diagnosis Codes:		Copy To Physician(s):

**CLINICAL HISTORY**

Empty space for clinical history.

**CLINICAL DIAGNOSIS**

Empty space for clinical diagnosis.

**COMMENTS**

Empty space for comments.

**ULTRASOUND FINDINGS**

Benign  
 Indeterminate  
 Suspicious

**SPECIMEN(S) SUBMITTED**

**PTQ1234567**

**SITE**

NUMBER OF NODULES: 1                      2                      3

SIZE: 1                      2                      3

RIGHT                      LEFT

Pt. Name: _____	Pt. Name: _____	Pt. Name: _____	Pt. Name: _____
Source: _____	Source: _____	Source: _____	Source: _____
<b>PTQ1234567</b>	<b>PTQ1234567</b>	<b>PTQ1234567</b>	<b>PTQ1234567</b>