

YOSEMITE PATHOLOGY™
Quality diagnostics for optimum patient care
THYROQ™ *Thyroid Pathology*
 4301 Northstar Way, Modesto, CA 95356
 888.644.YPMG (9764)
 www.ypmg.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

CLINICAL DIAGNOSIS

COMMENTS

ULTRASOUND FINDINGS

Benign
 Indeterminate
 Suspicious

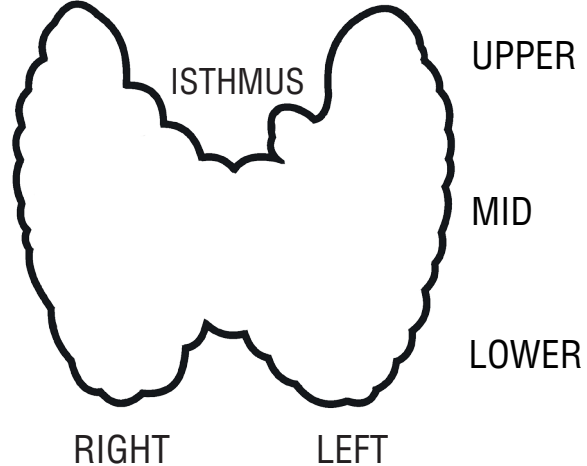
SPECIMEN(S) SUBMITTED

YTQ1234567

SITE

NUMBER OF NODULES: 1 2 3

SIZE: 1 2 3



Pt. Name: _____	Pt. Name: _____	Pt. Name: _____	Pt. Name: _____
Source: _____	Source: _____	Source: _____	Source: _____
YTQ1234567	YTQ1234567	YTQ1234567	YTQ1234567