GI Excellence, Inc.

Gastroenterology Associates

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Advanced & Interventional
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TEMECULA
31515 Rancho Pueblo Rd. · Suite 202 · Temecula, CA 92592 · (951) 383-6001
(By appt.)

PATHOLOGY REQUISITION

Requisition #1: **Date:**

Patient Name: **Gender:**

Patient MRN #1: **SSN:**

Address: **Phones:**

DOB (age):

Endoscopist(s):

Referring Physician:

Insurance:

Exam:

Indications:____________________

Impressions:____________________

Findings:____________________

Samples:____________________

Jar# 1:

Test(s) requested:

Diagnostic Codes:

Additional Insurance:

____

Physician Test, MD

www.gi-excellence.com

Emphasizing endoscopy excellence,
we give our patients the comfort of clarity.