CYTOLOGY - LAB

PIEDMONT MEDICAL CENTER

222 S. Herlong Avenue, Rock Hill, SC 29732

803/909-2022

PO

HOSP. NO.:

DATE:

PAT. NAME:

ADDRESS:

DOB:

SS#

AGE SEX PHONE

E. Earl Jenkins, Jr., MD
James L. Maynard, MD
Robert E. Thomas, Jr., MD
Craig F. Hart, MD

COLLECTED BY:	TIME	DATE

FAX RESULTS TO:

LAB NO.

NAME OF PHYSICIAN ORDERING TEST

PHYSICIAN'S ADDRESS

PRE-OP DIAGNOSIS:

SPECIMEN (S):

0340-77-H (3/08)

Physician's Signature: _____