TEST REQUISITION FORM

Do not staple papers to this form

DIAGNOSTICS www.CDxDiagnostics.com 845-777-7000

HIGHLIGHTED AREAS ARE REQUIRED - MISSING INFORMATION MAY LEAD TO DELAY

DO NOT SUBMIT A BIOPSY SAMPLE, SCALPEL SAMPLE, OR TISSUE FRAGMENT.

PROVIDER INFORMATION

Name of Submitting Provider *(First, Middle, Last)*

Name of Practice

Phone Fax

Street Address

City Sate Zip

CERTIFICATE OF MEDICAL NECESSITY / CONSENT / TEST AUTHORIZATION AND PROVIDER SIGNATURE: My signature constitutes a Certificate of Medical Necessity, certifies that this test information will inform the patient's ongoing treatment plan, and certifies that I am the patient's treating provider. I have explained to the patient the nature and purpose of the testing to be performed and have obtained informed consent, to the extent legally required, to permit CDx Diagnostics, Inc. (CDx) to perform the testing specified herein. My signature also authorizes CDx to select the most appropriate testing procedures to analyze the particular sample received (pursuant to CDx's Change in Test Authorization Policy) based on requisition/pathology information. I am aware that CDx may (a) retain the test results/samples/slides for an indefinite period for internal quality assurance/operations purposes, and (b) de-identify the test results/samples/slides and use or disclose such de-identified results/samples/slides for future unspecified research or other purposes.

Provider's Signature **Date**

x M M / D D / Y Y Y Y

Provider's NPI # _____

SPECIMEN / ICD INFORMATION

Each test kit may be used for only one lesion. *For patients with multiple lesions, a separate kit should be used for each lesion.*

Time of Collection H H : M M ☐am ☐pm

Date of Collection M M / D D / Y Y Y Y

Test Ordered:

☐ Oral Brush - Cytology and Histocytology Diagnostic Testing

See CDx website for complete test description and CPT code(s). Any test may be ordered individually.

Source of Specimen

	R	L		R	L
☐ Buccal mucosa *(inner cheek)*	☐	☐	☐ Retromolar trigone	☐	☐
☐ Dorsal *(top)* tongue	☐	☐	☐ Labial mucosa *(inner lip)* and alveolar mucosa *(vestibule)*	☐	☐
☐ Lateral tongue	☐	☐			
☐ Ventral *(underside)* tongue	☐	☐	☐ Hard palate	☐	☐
☐ Floor of mouth	☐	☐	☐ Soft palate	☐	☐
☐ Gingiva Edentulous ridge: ☐Yes ☐ No	☐	☐	☐ Oropharynx	☐	☐
☐ Midline of Soft/Hard Palate	☐	☐			

ICD Code(s) - List all that apply ***(See reverse for partial listing)***

The choice of an appropriate diagnosis code is the responsibility of the clinician considering the clinical circumstances of each case. CDx® Diagnostics provides coding information for educational purposes only, in good faith, and based upon publicly available materials.

PATIENT / INSURANCE INFORMATION

Patient Name *(First, Middle, Last)* **Date of Birth** M M / D D / Y Y Y Y

Gender ☐ Male ☐ Female

Patient ID / Medical Record #

Street Address Apt #

City State Zip Phone

☐ **Insurance - see items below** ☐ **Patient Self-pay** ☐ **Client Bill**

Self Paying Patient: *Payment plans and financial assistance is available to eligible patients. Please contact 833-539-9700 for more information and an application.*

Please attach copies of front & back of MEDICAL insurance card(s) or complete all sections

☐ **Medicare: -** Medicare Number: _____

☐ **Other Primary Medical Insurance:**

Insurance Company

Insurance ID# Insurance Group #

Authorization # Guarantor Name

Insurance Address City State Zip

DOB of Insured M M / D D / Y Y Y Y

Patient's Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

☐ **Secondary Medical Insurance:**

Insurance Company

Insurance ID# Insurance Group #

Authorization # Guarantor Name

Insurance Address City State Zip

DOB of Insured M M / D D / Y Y Y Y

Patient's Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

CLINICAL INFORMATION

Appearance
☐ Flat
☐ Raised *(plaque-like)*
☐ Verrucous *(wart-like)*

Color
☐ Red
☐ White
☐ Mixed

Ulcerated
☐ Yes
☐ No

Symptoms
☐ None
☐ Pain
☐ Bleeding

Duration of Lesion
☐ < 6 months
☐ 6 months to 1 year
☐ >1 year
☐ Unknown

Size of Lesion
☐ Less than 5mm
☐ 5-10mm
☐ 10-20mm
☐ More than 20mm

Patient History
☐ Resection
☐ History of Oral Dysplasia/Cancer

Alcohol Use
☐ None
☐ Less than 8 drinks per week
☐ 8-21 drinks per week
☐ More than 21 drinks per week
☐ Alcohol use discontinued ___ years ago

Tobacco Use # per day # of years
☐ None
☐ Cigarettes ___ ___
☐ E-Cigarettes/Vaping ___ ___
☐ Cigars ___ ___
☐ Pipes ___ ___
☐ Smokeless tobacco *(chew/snuff)* ___ ___
☐ Tobacco use discontinued ___ years ago

Previous Pathology Result of Lesion

NOTES

CLIA ID# 33D0952202

OD0111B 11/13/20

CDx DIAGNOSTICS
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www.CDxDiagnostics.com

OralCDx®

TEST REQUISITION FORM

PARTIAL LISTING OF ICD CODES

Commonly used ICD codes are listed below as a convenience only. CDx® Diagnostics provides coding information for educational purposes only, in good faith, and based upon publicly available materials. Referring Practitioner should provide the ICD code(s) that best describe the patient's clinical condition, as documented in your medical records for the date of service, even if such ICD code is not listed below. The choice of an appropriate diagnosis code is the responsibility of the clinician considering the clinical circumstances of each case**. Enter ICD Diagnostic code(s) on the front of this requisition form.**

M26.71	Alveolar maxillary hyperplasia
D21.9	Benign neoplasm of connective and other soft tissue, unspecified
D10.0	Benign neoplasm of lip
D10.39	Benign neoplasm of other parts of mouth
D10.30	Benign neoplasm of unspecified part of mouth
B37.0	Candidal stomatitis
K12.2	Cellulitis and abscess of mouth
K13.0	Diseases of lips
K14.1	Geographic tongue
K14.0	Glossitis
K13.4	Granuloma and granuloma-like lesions of oral mucosa
B00.2	Herpesviral gingivostomatitis and pharyngotonsillitis
K13.21	Leukoplakia of oral mucosa, including tongue
L43.9	Lichen planus, unspecified
C06.9	Malignant neoplasm of mouth, unspecified
D37.01	Neoplasm of uncertain behavior of lip
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D37.05	Neoplasm of uncertain behavior of pharynx
D49.0	Neoplasm of unspecified behavior of digestive system
K12.30	Oral mucositis (ulcerative), unspecified
K13.5	Oral submucous fibrosis
K13.29	Other disturbances of oral epithelium, including tongue
K13.79	Other lesions of oral mucosa
L98.8	Other specified disorders of the skin and subcutaneous tissue
K05.6	Periodontal disease, unspecified
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx
K13.70	Unspecified lesions of oral mucosa
B07.9	Viral wart, unspecified