

Waterbury Hospital

WaterburyHEALTH



EASTERN CONNECTICUT PATHOLOGY CONSULTANTS

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PODIATRY REQUISITION

Submitting Physician: _____

Signature: _____

Copy To: _____

MRN #	ACCESSION #	DATE OF SERVICE (COLLECTION DATE)	
FINANCIAL #		LOCATION/CLIENT	
MEDICARE NO.	PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NO.
MEDICAID NO.	ADDRESS (NUMBER AND STREET)		DATE OF BIRTH
OTHER	CITY / STATE / ZIP CODE	PHONE NO.	
POLICY NUMBER	SUBSCRIBER'S NAME	RELATIONSHIP TO SUBSCRIBER	
EMPLOYER NAME	EMPLOYER ADDRESS		

CLINICAL INFORMATION/ICD10 DIAGNOSIS CODES (See Reverse): _____

<p><u>Specimen:</u> Location (see diagram): _____</p> <p><u>Procedure:</u> <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision <input type="checkbox"/> Aspiration <input type="checkbox"/> Culture</p> <p><u>Microbiology:</u> <input type="checkbox"/> Fungal stain <input type="checkbox"/> Fungal culture <input type="checkbox"/> Fungal PCR <input type="checkbox"/> Bacteriology <input type="checkbox"/> Aerobic/Gram stain <input type="checkbox"/> Aerobic/Anaerobic/Gram Stain</p> <p>RIGHT LEFT</p>	<p><u>Specimen:</u> Location (see diagram): _____</p> <p><u>Procedure:</u> <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision <input type="checkbox"/> Aspiration <input type="checkbox"/> Culture</p> <p><u>Microbiology:</u> <input type="checkbox"/> Fungal stain <input type="checkbox"/> Fungal culture <input type="checkbox"/> Fungal PCR <input type="checkbox"/> Bacteriology <input type="checkbox"/> Aerobic/Gram stain <input type="checkbox"/> Aerobic/Anaerobic/Gram Stain</p> <p>RIGHT LEFT</p>	<p>Blood Tests (see reverse for draw station locations)</p>
		<p>TEST NAME</p>
		ANA
		CBC and PLATELET
		BMP (Basic Metabolic Panel) <i>Do not order in addition to CMP</i>
		CMP (Comp Metab Panel) <i>Do not order in addition to BMP or HP</i>
		HP (Hepatic Function Panel) <i>Do not order in addition to CMP</i>
		LYT (Electrolytes Panel)
		RFP (Renal Function Panel) <i>Do not order in addition to BMP or CMP</i>
		RHEUMATOID FACTOR
		URIC ACID
		OTHER: _____ _____ _____

ICD10 DIAGNOSIS CODES

<input type="checkbox"/> Achilles tendonitis	M76.61 (R) M76.62 (L)	<input type="checkbox"/> Hallux rigidus	M20.21 (R) M20.22 (L)
<input type="checkbox"/> Blister	S90.829A	<input type="checkbox"/> Keratoderma	L85.1
<input type="checkbox"/> Calcaneal spur	M77.31 (R) M77.32 (L)	<input type="checkbox"/> Melanocytic nevus	D22.9
<input type="checkbox"/> Cellulitis	L03.119	<input type="checkbox"/> Neuroma	G57.61 (R) G57.62 (L)
<input type="checkbox"/> Corns and callosities	L84	<input type="checkbox"/> Osteoarthritis	M19.071 (R) M19.072 (R)
<input type="checkbox"/> Diabetes Mellitus	Type 1 E10.9 Type 2 E11.9	<input type="checkbox"/> Osteomyelitis Acute	M86.171 (R) M86.172 (L)
<input type="checkbox"/> Edema, unspecified	R60.9	<input type="checkbox"/> Osteomyelitis Chronic	M86.471 (R) M86.472 (L)
<input type="checkbox"/> Hallux valgus	M20.11 (R) M20.12 (L)	<input type="checkbox"/> Pain in ankle	M25.571 (R) M25.572 (L)
<input type="checkbox"/> Gait Abnormality	R26.9	<input type="checkbox"/> Pain in foot	M79.671 (R) M79.672 (L)
<input type="checkbox"/> Ganglion cyst, ankle, & feet	M67.471 (R) M67.472 (L)	<input type="checkbox"/> Pain in toe	M79.674 (R) M79.675 (L)
<input type="checkbox"/> Gout	M10.071 (R) M10.072 (L)	<input type="checkbox"/> Peripheral neuropathy	G90.09
<u>Nail Disorders:</u>		<input type="checkbox"/> Peripheral vascular disease	I73.9
<input type="checkbox"/> Beau's lines	L60.4	<input type="checkbox"/> Plantars fibromatosis	M72.2
<input type="checkbox"/> Ingrown nail	L60.0	<input type="checkbox"/> Plantars wart	B07.0
<input type="checkbox"/> Onychogryphosis	L60.2	<input type="checkbox"/> Raynauds syndrome	I73.00
<input type="checkbox"/> Nail dystrophy	L60.3	<input type="checkbox"/> Scar	L90.5
<input type="checkbox"/> Tinea unguium	B35.1	<input type="checkbox"/> Tinea pedis	B35.3
<input type="checkbox"/> Yellow nail syndrome	L60.5	<input type="checkbox"/> Ulcer - ankle	L97.30
<input type="checkbox"/> Other nail disorders	L60.8	<input type="checkbox"/> Ulcer - foot	L97.50

DRAW STATIONS

OUTPATIENT TESTING
64 ROBBINS STREET,
GROUND FLOOR WATERBURY HOSPITAL
WATERBURY, CT 06721
PHONE: 203-573-7182
FAX: 203-573-7183
MON – FRI 7:00AM – 4:30PM
SATURDAY 7:00AM-11AM

130 SOUTH MAIN STREET
THOMASTON, CT 06787
PHONE: 860-283-4348
FAX: 203-575-2292
MON, TUES, WED AND FRI 7:00AM – 3:45PM
THURS 7:00AM – 4:15PM
(CLOSED FOR LUNCH 12:30PM – 1:00PM)

134 GRANDVIEW AVENUE
SUITE 104
WATERBURY, CT 06721
PHONE 203-573-6108
FAX: 203-573-6122
MON – FRI 8:00AM – 3:30PM

DEPOT SQUARE MALL
51 DEPOT STREET, SUITE 212
WATERTOWN, CT 06795
PHONE: 860-945-6880
FAX: 203-575-2269
MON – FRI 7:00AM – 4:00PM
(CLOSED FOR LUNCH 12:30PM – 1:00PM)

1625 STRAITS TURNPIKE, SUITE 304*
MIDDLEBURY, CT 06762
PHONE 203-577-2299
FAX 203-575-2133
MON-THURS. 7:00AM – 5:30PM,
FRIDAY 7:00AM-4:30PM
SATURDAY 7:00AM-12 NOON
*X-RAYS PERFORMED ON SITE –
PLEASE CALL FOR HOURS

WATERBURY HOSPITAL LABORATORY AND
BLOOD DRAW FACILITY AT NAUGATUCK
305 CHURCH STREET, SUITE 8
NAUGATUCK, CT 06770
PHONE: 203-723-4140
FAX: 203-575-2306
MON – FRI 7:00AM – 4:30PM
(CLOSED FOR LUNCH 12:30PM – 1:00PM)

22 OLD WATERBURY ROAD, SUITE 201
SOUTHURY, CT 06488
PHONE 203-267-7522
FAX: 203-575-2240
MON – FRI 7:00AM – 4:00PM
(CLOSED FOR LUNCH 12:30PM – 1:00PM)

160 ROBBINS STREET
WATERBURY, CT 06708
PHONE: 203-573-7284 X5513
FAX: 203-575-5133
MON – THURS 8:30AM – 3:30PM
FRI 8:30AM – 3:00PM
(CLOSED FOR LUNCH 12:30PM- 1:00PM)