



Singapore
General Hospital

SingHealth

**REQUEST FOR CERVICAL
PAP SMEAR CYTOLOGY**

Patient's Status

CLASS	DEPT	WARD	BED
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- | | |
|---|--|
| <input type="checkbox"/> Subsidized | <input type="checkbox"/> Industrial Accident |
| <input type="checkbox"/> Non-subsidized | |
| <input type="checkbox"/> Non-Resident | |

SOURCE OF SMEAR

- Cervical as scrape
- Lateral vaginal wall scrape
- Others (specify) _____

Date of smear: _____

Name and MCR No of requesting doctor

For Outpatient and Private Referral Use

Name of referring clinic

NRIC
NAME
ADDRESS
ACCOUNT NO.

Patient's Particulars

Affix Label Here

XXXXXX

Clinical History and Findings:

LMP

Cytology No CY