

Date _____

- _____ Within normal limits
- _____ Unsatisfactory for evaluation
- _____ Benign cellular changes
- _____ Reactive changes
- _____ Atypical squamous cells of undetermined significance (ASCUS)
- _____ Other (specify) _____

Dear Patient,

Your Pap test on _____ showed the following:

- _____ Normal
- _____ Your next Pap test should be in:
 - _____ one year
 - _____ two year
 - _____ as instructed by your provider _____

- _____ Repeat Pap is indicated in 6 months.
- _____ Repeat Pap and colposcopy in 6 months, 12 months
- _____ Your Pap test shows that more evaluation is needed by colposcopy, a special exam.
Please call 1-800-404-4506 to make an appointment for colposcopy.

_____ Please call your provider _____ at _____.

Please remember that a PAP test is only a SCREENING test. Abnormalities may need to be evaluated by repeat testing or special tests such as colposcopy. A recommendation for a repeat test does not necessarily indicate something is seriously wrong. Some tests need to be repeated because there were not enough cells obtained in the specimen.