Centers Laboratory Inc.



Client Information

Patient Information				Ordering Physician Information						
NAME: ^{Cole, Vernon}			PHY	PHYSICIAN NAME: Talpada, Motibhai MD						
D.O.B.: ^{12/25/1941}	SEX: №	lale	UPI	N:						
I.D.: 10003	S.S.N	075-88-6587	NPI	11345029	58					
UNIT:West 5	ROOM	I/BED: 524/A			D	IAGNOSIS	CODES			
ORDER DATE/TIMI	E:		E11	.65						
COLLECTION DATE	/TIME:									
			FAS	FASTING: Y / N						
Resp	onsible	Party				TEST LI	IST			
NAME: Citadel Rehab Kingsbridge ADDRESS 3400 Cann Bronx, NY	on Place	d Nursing Center a	Mon goal thera	s(HbA1c le	ss than inged ar	7%;); every nd/or who a	o are meeting treatm	nts whose		
Primary Billin	<u> </u>	RANCE)								
INS NAME: ^{Medicaio} PAYOR CODE:	u									
GROUP #:										
ADDRESS:										
,										
SUBSCRIBER#:ED1	1636V									
2nd Billi	ing (INSL	JRANCE)								
INS NAME:										
PAYOR CODE:										
GROUP #:										
ADDRESS:										
SUBSCRIBER#:										
		INTERNAL CO	ONTROL							
L-Lav	Cultrt	R-Red	_S-SST_	GY-Gre	yL	t. Blue	_Black & Yellow T	ube		
	_G-Gree	nY-Yellov	vV	V-PPT	_RB-Rc	oyal Blue_	Strl Cup			
v	iral Cul_	O&P	BLD Cul_	FS-Fr	oz	_Slide	Thinprep Vial			
	Rand Ur	ine Cup2	24 hr	U-Urn Tı	ube	Timed_	BORICULT			
LAB I.D. #										

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