	Centers Laboratory Inc.	Client Information
		**ACCOUNT:** Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx,NY 10463

Patient Information		Ordering Physician Information
NAME: Williams, David		**PHYSICIAN NAME:** Talpada, Motibhai MD
D.O.B.: 5/30/1958	**SEX:** Male	**UPIN:**
I.D.: 10580	**S.S.N:** 580-08-0534	**NPI:** 1134502958
UNIT: West 3	**ROOM/BED:** 335/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:		R29.6
COLLECTION DATE/TIME:		
		FASTING: Y / N

Responsible Party	TEST LIST
NAME: Citadel Rehabilitation and Nursing Center at Kingsbridge **ADDRESS:** 3400 Cannon Place Bronx, NY 10463	UA and Ucx Specify date of service (mm/dd/yy): 3/21 Indicate if STAT order (YES/NO):no ***IF STAT, PLEASE CALL MDL (973)731-2900
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** UB61036D	
2nd Billing (INSURANCE)	
INS NAME: **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:**	

	INTERNAL CONTROL	
_____ L-Lav____Cultrt_____R-Red____S-SST____GY-Grey____Lt. Blue____Black & Yellow Tube		
_____G-Green_____Y-Yellow_____ W-PPT_____RB-Royal Blue_____Strl Cup		
_____Viral Cul_____O&P_____BLD Cul_____FS-Froz_____Slide_____ Thinprep Vial		
_____Rand Urine Cup_____24 hr_____U-Urn Tube_____Timed_____BORICULT		
LAB I.D. #		

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