

		Centers Laboratory Inc.		Client Information	
				ACCOUNT: Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx, NY 10457	
Patient Information			Ordering Physician Information		
NAME: Frost, Vanessa			PHYSICIAN NAME: Navarro Oviedo, Aldo Manuel		
D.O.B.: 4/20/1962 SEX: Female			UPIN:		
I.D.: 11488 S.S.N: 091-58-7500			NPI: 1235487703		
UNIT: Unit 5 ROOM/BED: 512/A			DIAGNOSIS CODES		
ORDER DATE/TIME:			G40.89		
COLLECTION DATE/TIME:					
FASTING: Y / N					
Responsible Party			TEST LIST		
NAME: Bronx Gardens Rehabilitation and Nursing Center ADDRESS: 2175 Quarry Road Bronx, NY 10457			CBC, CMP, TSH, lipid panel, LFT, Serum Phenytoin level x3months		
Primary Billing (INSURANCE)					
INS NAME: MEDICARE A PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 1QU3AU5CF80					
2nd Billing (INSURANCE)					
INS NAME: MC G PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 1QU3AU5CF80					
		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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