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|-----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|
|                                                                                                                                   |  | <b>Centers Laboratory Inc.</b><br>  |                                                                                                                                                                                             | <b>Client Information</b> |  |
|                                                                                                                                   |  | <b>ACCOUNT:</b><br>Citadel Rehabilitation and Nursing Center at Kingsbridge<br>3400 Cannon Place<br>Bronx, NY 10463 |                                                                                                                                                                                             |                           |  |
| <b>Patient Information</b>                                                                                                        |  |                                                                                                                     | <b>Ordering Physician Information</b>                                                                                                                                                       |                           |  |
| <b>NAME:</b> Bueno Lopez, Fabio                                                                                                   |  |                                                                                                                     | <b>PHYSICIAN NAME:</b> Samaniego, Robert MD                                                                                                                                                 |                           |  |
| <b>D.O.B.:</b> 6/1/1952                                                                                                           |  | <b>SEX:</b> Male                                                                                                    |                                                                                                                                                                                             | <b>UPIN:</b>              |  |
| <b>I.D.:</b> 12127                                                                                                                |  | <b>S.S.N:</b> 827-75-2875                                                                                           |                                                                                                                                                                                             | <b>NPI:</b> 1083632392    |  |
| <b>UNIT:</b> East 7                                                                                                               |  | <b>ROOM/BED:</b> 706/A                                                                                              |                                                                                                                                                                                             | <b>DIAGNOSIS CODES</b>    |  |
| <b>ORDER DATE/TIME:</b>                                                                                                           |  |                                                                                                                     | M62.82                                                                                                                                                                                      |                           |  |
| <b>COLLECTION DATE/TIME:</b>                                                                                                      |  |                                                                                                                     |                                                                                                                                                                                             |                           |  |
| <b>FASTING:</b> Y / N                                                                                                             |  |                                                                                                                     |                                                                                                                                                                                             |                           |  |
| <b>Responsible Party</b>                                                                                                          |  |                                                                                                                     | <b>TEST LIST</b>                                                                                                                                                                            |                           |  |
| <b>NAME:</b> Citadel Rehabilitation and Nursing Center at Kingsbridge<br><br><b>ADDRESS:</b> 3400 Cannon Place<br>Bronx, NY 10463 |  |                                                                                                                     | CBC, CMP, TSH, LIPID PROFILE Anemia profile B12 Folate<br><br>Specify date of service (mm/dd/yy): 2/12<br>Indicate if STAT order (YES/NO): no<br>***IF STAT, PLEASE CALL MDL (718)-837-5222 |                           |  |
| <b>Primary Billing (INSURANCE)</b>                                                                                                |  |                                                                                                                     |                                                                                                                                                                                             |                           |  |
| <b>INS NAME:</b> Medicaid<br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b> ZG68424N        |  |                                                                                                                     |                                                                                                                                                                                             |                           |  |
| <b>2nd Billing (INSURANCE)</b>                                                                                                    |  |                                                                                                                     |                                                                                                                                                                                             |                           |  |
| <b>INS NAME:</b><br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b>                          |  |                                                                                                                     |                                                                                                                                                                                             |                           |  |
|                                                                                                                                   |  | <b>INTERNAL CONTROL</b>                                                                                             |                                                                                                                                                                                             |                           |  |
| ____ 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                                                           |  |                                                                                                                     |                                                                                                                                                                                             |                           |  |
| <b>LAB I.D. #</b>                                                                                                                 |  |                                                                                                                     |                                                                                                                                                                                             |                           |  |

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