

		Centers Laboratory Inc.		Client Information	
				ACCOUNT: Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx, NY 10457	
Patient Information			Ordering Physician Information		
NAME: Brown, Arvena			PHYSICIAN NAME: Cespedes Santana, Monica		
D.O.B.: 4/30/1955 SEX: Female			UPIN:		
I.D.: 12470 S.S.N: 318-48-6933			NPI: 1114204161		
UNIT: Unit 3 ROOM/BED: 319/P			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z01.812		
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, Vitamin D		
Primary Billing (INSURANCE)					
INS NAME: MA G PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: VN44411W					
2nd Billing (INSURANCE)					
INS NAME: MEDICARE A PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 2XG0XU1QM33					
		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. #					

		Centers Laboratory Inc.		Client Information	
				ACCOUNT: Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx, NY 10457	
Patient Information			Ordering Physician Information		
NAME: Brown, Arvena			PHYSICIAN NAME: Cespedes Santana, Monica		
D.O.B.: 4/30/1955 SEX: Female			UPIN:		
I.D.: 12470 S.S.N: 318-48-6933			NPI: 1114204161		
UNIT: Unit 3 ROOM/BED: 319/P			DIAGNOSIS CODES		
ORDER DATE/TIME:			Z01.812		
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, Vitamin D		
Primary Billing (INSURANCE)					
INS NAME: MA G PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: VN44411W					
2nd Billing (INSURANCE)					
INS NAME: MEDICARE A PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 2XG0XU1QM33					
		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. #					