| | | |
|---|---|---|
| | | **Client Information** |
| Attending: Silberberg, Charles MD | ***CENTERS LABORATORY*** | **ACCOUNT:**<br>Citadel Rehabilitation and Nursing Center at Kingsbridge<br><br>3400 Cannon Place<br>Bronx,NY 10463 |

| **Patient Information** | **Ordering Physician Information** |
|---|---|
| **NAME:** Credle, Florence | **PHYSICIAN NAME:** Allen, Debora NP |
| **D.O.B.:** 1/13/1925 **SEX:** Female | **UPIN:** |
| **I.D.:** 2484 **S.S.N:** 098-20-7244 | **NPI:** 1285726208 |
| **UNIT:** West 2 **ROOM/BED:** 228/A | **DIAGNOSIS CODES** |
| **ORDER DATE/TIME:** | R23.4 |
| **COLLECTION DATE/TIME:** | |
| | **FASTING: Y / N** |

| **Responsible Party** | **TEST LIST** |
|---|---|
| **NAME:** Citadel Rehabilitation and Nursing Center at Kingsbridge<br><br>**ADDRESS:** 3400 Cannon Place<br>Bronx, NY 10463 | SWAB Nares for MSSA/MRSA |
| **Primary Billing (INSURANCE)** | |
| **INS NAME:** Medicaid<br>**PAYOR CODE:**<br>**GROUP #:**<br>**ADDRESS:**<br>,<br><br>**SUBSCRIBER#:** XZ23600D | |
| **2nd Billing (INSURANCE)** | |
| **INS NAME:** Evercare<br>**PAYOR CODE:**<br>**GROUP #:**<br>**ADDRESS:** PO Box 31350<br>Sal Lake City, UT<br><br>**SUBSCRIBER#:** N/A | |

| | | |
|---|---|---|
| | **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*** | **Client Information**<br>**ACCOUNT:**<br>Citadel Rehabilitation and Nursing Center at Kingsbridge<br>3400 Cannon Place<br>Bronx,NY 10463 |

| **Patient Information** | **Ordering Physician Information** |
|---|---|
| **NAME:** Credle, Florence | **PHYSICIAN NAME:** Allen, Debora NP |
| **D.O.B.:** 1/13/1925 **SEX:** Female | **UPIN:** |
| **I.D.:** 2484 **S.S.N:** 098-20-7244 | **NPI:** 1285726208 |
| **UNIT:** West 2 **ROOM/BED:** 228/A | **DIAGNOSIS CODES** |
| **ORDER DATE/TIME:** | |
| **COLLECTION DATE/TIME:** | **FASTING: Y / N** |
| **Responsible Party** | **TEST LIST** |
| **NAME:** Citadel Rehabilitation and Nursing Center at Kingsbridge<br>**ADDRESS:** 3400 Cannon Place<br>Bronx, NY 10463 | |
| **Primary Billing (INSURANCE)** | |
| **INS NAME:** Medicaid<br>**PAYOR CODE:**<br>**GROUP #:**<br>**ADDRESS:**<br>,<br>**SUBSCRIBER#:** XZ23600D | |
| **2nd Billing (INSURANCE)** | |
| **INS NAME:** Evercare<br>**PAYOR CODE:**<br>**GROUP #:**<br>**ADDRESS:** PO Box 31350<br>Sal Lake City, UT<br>**SUBSCRIBER#:** N/A | |

| | | |
|---|---|---|
| | **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. #** | | |