

		CENTERS LABORATORY		Client Information	
Attending: Bryan, Chacey MD				ACCOUNT: Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx, NY 10457	
Patient Information			Ordering Physician Information		
NAME: Almodovar, Elizabeth			PHYSICIAN NAME: Bryan, Chacey MD		
D.O.B.: 3/1/1936 SEX: Female			UPIN:		
I.D.: 2753 S.S.N: 134-32-1565			NPI: 1699228734		
UNIT: Unit 6 ROOM/BED: 606/A			DIAGNOSIS CODES		
ORDER DATE/TIME:			E11.9		
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, vit d, hba1c, lipid profile every 3 months		
Primary Billing (INSURANCE)					
INS NAME: MC G PAYOR CODE: GROUP #: ADDRESS:					
SUBSCRIBER#: 6Y38EN3UU56					
2nd Billing (INSURANCE)					
INS NAME: MA G PAYOR CODE: GROUP #: ADDRESS:					
SUBSCRIBER#: ZP54182D					
		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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