| | Centers Laboratory Inc. | Client Information |
|---|---|---|
| |  | **ACCOUNT:**<br>Bronx Gardens Rehabilitation and Nursing Center<br><br>2175 Quarry Road<br>Bronx,NY 10457 |

| Patient Information | | Ordering Physician Information |
|---|---|---|
| **NAME:** Baezestevez, Maria | | **PHYSICIAN NAME:** Spiekhout, Andrea MD |
| **D.O.B.:** 1/11/1962 | **SEX:** Female | **UPIN:** |
| **I.D.:** 2812 | **S.S.N:** 118-56-9873 | **NPI:** 1003201872 |
| **UNIT:** Unit 2 | **ROOM/BED:** 219/B | **DIAGNOSIS CODES** |
| **ORDER DATE/TIME:** | | J44.1 |
| **COLLECTION DATE/TIME:** | | **FASTING: Y / N** |

| Responsible Party | TEST LIST |
|---|---|
| **NAME:** Bronx Gardens Rehabilitation and Nursing Center<br><br>**ADDRESS:** 2175 Quarry Road<br>Bronx, NY 10457 | cbc, cmp, tsh, vit d, lipid, hba1c every 3 months |
| **Primary Billing (INSURANCE)** | |
| **INS NAME:** MA G<br>**PAYOR CODE:**<br>**GROUP #:**<br>**ADDRESS:**<br>,<br><br>**SUBSCRIBER#:** UB27293B | |
| **2nd Billing (INSURANCE)** | |
| **INS NAME:** MA HMO G<br>**PAYOR CODE:**<br>**GROUP #:**<br>**ADDRESS:**<br>,<br><br>**SUBSCRIBER#:** V80186445 | |

| | 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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