

		Centers Laboratory Inc. 		Client Information ACCOUNT: Bronx Gardens Rehabilitation and Nursing Center 2175 Quarry Road Bronx, NY 10457	
Patient Information			Ordering Physician Information		
NAME: Cabrera, Jose			PHYSICIAN NAME: Saxena, Reva NP		
D.O.B.: 3/16/1950 SEX: Male			UPIN:		
I.D.: 2828 S.S.N: 126-54-3387			NPI: 1316928476		
UNIT: Unit 4 ROOM/BED: 401/B			DIAGNOSIS CODES		
ORDER DATE/TIME:			A41.9		
COLLECTION DATE/TIME:					
FASTING: Y / N					
Responsible Party			TEST LIST		
NAME: Bronx Gardens Rehabilitation and Nursing Center ADDRESS: 2175 Quarry Road Bronx, NY 10457			VANCO TROUGH Specify date of service (mm/dd/yy): Indicate if STAT order (YES/NO): ***IF STAT, PLEASE CALL MDL (973)731-2900		
Primary Billing (INSURANCE)					
INS NAME: MA V PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: RH87568U					
2nd Billing (INSURANCE)					
INS NAME: MEDICARE B PAYOR CODE: GROUP #: ADDRESS: , SUBSCRIBER#: 3UM5NX7DA78					
		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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