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

Patient Information	**Ordering Physician Information**
NAME: Djonaj, Maria	**PHYSICIAN NAME:** Allen, Debora NP
D.O.B.: 11/22/1967 **SEX:** Female	**UPIN:**
I.D.: 685 **S.S.N:** 082-62-3101	**NPI:** 1285726208
UNIT: West 5 **ROOM/BED:** 523/B	**DIAGNOSIS CODES**
ORDER DATE/TIME:	E55.9
COLLECTION DATE/TIME:	
	FASTING: Y / N
Responsible Party	**TEST LIST**
NAME: Citadel Rehabilitation and Nursing Center at Kingsbridge **ADDRESS:** 3400 Cannon Place Bronx, NY 10463	CBC, CMP, TSH, LIPID PROFILE, A1c , IPTH. VIT D and phosphate Specify date of service (1/14/2021): Indicate if STAT order (/NO):
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** ZA69568C	
2nd Billing (INSURANCE)	
INS NAME: Medicare Part A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 056449078C1	

	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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INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** ZA69568C	
2nd Billing (INSURANCE)	
INS NAME: Medicare Part A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 056449078C1	

	INTERNAL CONTROL	

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_____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. #	