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

Patient Information	**Ordering Physician Information**
NAME: Alvarez, Daniel	**PHYSICIAN NAME:** Samaniego, Robert MD
D.O.B.: 4/28/1946 **SEX:** Male	**UPIN:**
I.D.: 777 **S.S.N:** 113-42-1074	**NPI:** 1083632392
UNIT: East 6 **ROOM/BED:** 618/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:	N18.9
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	UA/C&S
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** XC04979W	
2nd Billing (INSURANCE)	
INS NAME: Medicare Part A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 113421074A	

	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** **ACCOUNT:** Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx,NY 10463

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ORDER DATE/TIME:	
COLLECTION DATE/TIME:	**FASTING: Y / N**
Responsible Party	**TEST LIST**
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INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** XC04979W	
2nd Billing (INSURANCE)	
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_____Viral Cul_____O&P_____BLD Cul_____FS-Froz_____Slide_____ Thinprep Vial		
_____Rand Urine Cup_____24 hr_____U-Urn Tube_____Timed_____BORICULT		
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