

		CENTERS LABORATORY		Client Information	
Attending: Talpada, Motibhai MD				ACCOUNT: Citadel Rehabilitation and Nursing Center at Kingsbridge 3400 Cannon Place Bronx, NY 10463	
Patient Information			Ordering Physician Information		
NAME: Aku, Edebe			PHYSICIAN NAME: JOSEPH, SHALAN NP		
D.O.B.: 2/3/1957 SEX: Male			UPIN:		
I.D.: 8864 S.S.N: 081-90-5262			NPI: 1407208150		
UNIT: East 2 ROOM/BED: 111/B			DIAGNOSIS CODES		
ORDER DATE/TIME:			M46.28		
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			weekly CBC, CMP, ESR, CRP q Tuesday		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: ,					
SUBSCRIBER#: SK70931R					
2nd Billing (INSURANCE)					
INS NAME: PAYOR CODE: GROUP #: ADDRESS: ,					
SUBSCRIBER#:					
		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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