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

Patient Information		Ordering Physician Information
NAME: Davis, William		**PHYSICIAN NAME:** Cespedes Santana, Monica
D.O.B.: 1/24/1943	**SEX:** Male	**UPIN:**
I.D.: 8935	**S.S.N:** 081-34-5982	**NPI:** 1114204161
UNIT: Unit 3	**ROOM/BED:** 303/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:		D64.9
COLLECTION DATE/TIME:		**FASTING: Y / N**

Responsible Party	TEST LIST
NAME: Bronx Gardens Rehabilitation and Nursing Center **ADDRESS:** 2175 Quarry Road Bronx, NY 10457	Anemia profile monthly) for Retacrit Please fax to 866-626-7525
Primary Billing (INSURANCE)	
INS NAME: MC G **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 7M09XJ4CM18	
2nd Billing (INSURANCE)	
INS NAME: MA G **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** ZX23105X	

	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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