

		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: Feliciano, Edwin			PHYSICIAN NAME: Talpada, Motibhai MD		
D.O.B.: 5/2/1954 SEX: Male			UPIN:		
I.D.: 9290 S.S.N: 125-44-3544			NPI: 1134502958		
UNIT: East 2 ROOM/BED: 114/B			DIAGNOSIS CODES		
ORDER DATE/TIME:			R32		
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, Specify date of service (mm/dd/yy): 2/11 Indicate if STAT order (YES/NO): no ***IF STAT, PLEASE CALL MDL (718)-837-5222		
Primary Billing (INSURANCE)					
INS NAME: Medicaid PAYOR CODE: GROUP #: ADDRESS: SUBSCRIBER#: TQ67514Y					
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					
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