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

Patient Information	**Ordering Physician Information**
NAME: Dews, Sally	**PHYSICIAN NAME:** Talpada, Motibhai MD
D.O.B.: 3/27/1933 **SEX:** Female	**UPIN:**
I.D.: 9529 **S.S.N:** 234-50-8173	**NPI:** 1134502958
UNIT: West 3 **ROOM/BED:** 343/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:	F03.90
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/CS IN AM. MAY STRAIGHT CATH
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** WM51882B	
2nd Billing (INSURANCE)	
INS NAME: Medicare Part A **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** 4YJ4YT4GC87	

	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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