		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: Brand, James	**PHYSICIAN NAME:** Talpada, Motibhai MD
D.O.B.: 3/30/1953 **SEX:** Male	**UPIN:**
I.D.: 9876 **S.S.N:** 287-56-1918	**NPI:** 1134502958
UNIT: East 7 **ROOM/BED:** 714/A	**DIAGNOSIS CODES**
ORDER DATE/TIME:	G30.8
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, TSH, LIPID, VITAMIN D, ANEMIA PROFILE EVERY 3 MONTHS ON 1ST THURSDAY OF THE MONTH Specify date of service (mm/dd/yy): Indicate if STAT order (YES/NO): ***IF STAT, PLEASE CALL MDL (718)-837-5222
Primary Billing (INSURANCE)	
INS NAME: Medicaid **PAYOR CODE:** **GROUP #:** **ADDRESS:** , **SUBSCRIBER#:** YH15711T	
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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