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|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                 |  | Centers Laboratory Inc.                                                          |                                                    | Client Information                                                                                            |  |
|                                                                                                                                 |  |  |                                                    | <b>ACCOUNT:</b><br>Bronx Gardens Rehabilitation and Nursing Center<br><br>2175 Quarry Road<br>Bronx, NY 10457 |  |
| Patient Information                                                                                                             |  |                                                                                  | Ordering Physician Information                     |                                                                                                               |  |
| <b>NAME:</b> Morales, John                                                                                                      |  |                                                                                  | <b>PHYSICIAN NAME:</b> Navarro Oviedo, Aldo Manuel |                                                                                                               |  |
| <b>D.O.B.:</b> 4/4/1961                                                                                                         |  | <b>SEX:</b> Male                                                                 |                                                    | <b>UPIN:</b>                                                                                                  |  |
| <b>I.D.:</b> 9906                                                                                                               |  | <b>S.S.N:</b> 129-56-6996                                                        |                                                    | <b>NPI:</b> 1235487703                                                                                        |  |
| <b>UNIT:</b> Unit 7                                                                                                             |  | <b>ROOM/BED:</b> 718/P                                                           |                                                    | <b>DIAGNOSIS CODES</b>                                                                                        |  |
| <b>ORDER DATE/TIME:</b>                                                                                                         |  |                                                                                  | F11.20                                             |                                                                                                               |  |
| <b>COLLECTION DATE/TIME:</b>                                                                                                    |  |                                                                                  |                                                    |                                                                                                               |  |
|                                                                                                                                 |  |                                                                                  | <b>FASTING:</b> Y / N                              |                                                                                                               |  |
| Responsible Party                                                                                                               |  |                                                                                  | TEST LIST                                          |                                                                                                               |  |
| <b>NAME:</b> Bronx Gardens Rehabilitation and Nursing Center<br><br><b>ADDRESS:</b> 2175 Quarry Road<br>Bronx, NY 10457         |  |                                                                                  | Urine Monthly Toxicology                           |                                                                                                               |  |
| <b>Primary Billing (INSURANCE)</b>                                                                                              |  |                                                                                  |                                                    |                                                                                                               |  |
| <b>INS NAME:</b> MEDICARE A<br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b> 4JM1U73UD29 |  |                                                                                  |                                                    |                                                                                                               |  |
| <b>2nd Billing (INSURANCE)</b>                                                                                                  |  |                                                                                  |                                                    |                                                                                                               |  |
| <b>INS NAME:</b> MC G<br><b>PAYOR CODE:</b><br><b>GROUP #:</b><br><b>ADDRESS:</b><br>,<br><b>SUBSCRIBER#:</b> 4JM1U73UD29       |  |                                                                                  |                                                    |                                                                                                               |  |
|                                                                                                                                 |  | 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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| <b>D.O.B.:</b> 4/4/1961                                                                                                         |  | <b>SEX:</b> Male                                                                 |                                                    | <b>UPIN:</b>                                                                                                  |  |
| <b>I.D.:</b> 9906                                                                                                               |  | <b>S.S.N:</b> 129-56-6996                                                        |                                                    | <b>NPI:</b> 1235487703                                                                                        |  |
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