

PATIENT	
Blayk, Bonzeanne 1668 Trumansburg RD Ithaca, NY 14850	H-Phone: () - - W-Phone: () - - C-Phone: (607)-351-4879 Race :White Account:166833
	DOB :05/01/1956 Sex :F Chart:

PRIMARY INSURANCE	
Co#: 603 Policy#: AN33246W MOLINA/TOTALCARE MEDICAID PO BOX 22615 LONG BEACH, CA 90801	Insured Name: Bonzeanne Blayk DOB : 05/01/1956 Group Number: Plan Name : Expired Date: 00/00/00

FACILITY INFORMATION	
Name :CAYUGA MEDICAL CENTER 101 DATES DRIVE ITHACA, NY 14850	Phone:(607)-274-4227 Fax :(607)-274-4620

X-RAY ORDER	
Status:Ordered Doctor:Donohue, Benjamin F, MD 16 BRENTWOOD DRIVE STE A ITHACA, NY 14850-1863	Ordered :10/31/18 2:54 pm Sched :00/00/00 Acquired:00/00/00 Req# :150608 Phone : (607)-272-7000 Fax : (607)-272-4604
UPIN : NPI:1558587204 Id :20-4356115	

CPT	Test Name	Priority	Acc#
73030	Shoulder Left 2+ VWS	Routine	150608-17478620
Dx: M25.512	Pain in left shoulder		

Ordering Provider's Signature:  _____
 Electronically signed by Benjamin F Donohue, MD on 10/31/18 at 2:54 pm