

Blayk, Bonzeanne 1668 Trumansburg RD Ithaca, NY 14850	PATIENT H-Phone: ()- - W-Phone: ()- - C-Phone: (607)-351-4879 Race :White Account:166833	DOB :05/01/1956 Sex :F Chart:
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Co#: 603 Policy#: AN33246W MOLINA/TOTALCARE MEDICAID PO BOX 22615 LONG BEACH, CA 90801	PRIMARY INSURANCE Insured Name: Bonzeanne Blayk DOB : 05/01/1956 Group Number: Plan Name : Expired Date: 00/00/00
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FACILITY INFORMATION Name :CAYUGA MEDICAL CENTER 101 DATES DRIVE ITHACA, NY 14850	Phone:(607)-274-4227 Fax :(607)-274-4620
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Status:Ordered Doctor:Donohue, Benjamin F, MD 16 BRENTWOOD DRIVE STE A ITHACA, NY 14850-1863 UPIN : NPI:1558587204 Id :20-4356115	X-RAY ORDER Ordered :11/01/18 2:34 pm Sched :00/00/00 Acquired:00/00/00 Req# :150702 Phone :(607)-272-7000 Fax :(607)-272-4604
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ORDER NOTES
 Evaluate for massive rotator cuff tear

CPT	Test Name	Priority	Acc#
73221	MRI Shoulder Left W/O	Routine	150702-1747863
Dx: S46.012A Strain of musc/tend the rotator cuff of left shoulder, init			

Ordering Provider's Signature: 
 Electronically signed by Benjamin F Donohue, MD on 11/01/18 at 2:34 pm

