

Blayk, Bonzeanne *Ann Rose*  
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:

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


Name :CAYUGA MEDICAL CENTER  
101 DATES DRIVE  
ITHACA, NY 14850

**FACILITY INFORMATION**  
Phone:(607)-274-4227  
Fax :(607)-274-4620

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 :12/25/18 7:15 pm  
Sched :00/00/00  
Acquired:00/00/00  
Req# :155007  
Phone :(607)-272-7000  
Fax :(607)-272-4604

CPT	Test Name	Priority	Acc#
73030	Shoulder Left 2+ VWS	Routine	155007-17479102
Dx: S46.012D	Strain of musc/tend the rotator cuff of left shoulder, subs		
Dx: S43.015D	Anterior dislocation of left humerus, subsequent encounter		

Ordering Provider's Signature: 

Electronically signed by Benjamin F Donohue, MD on 12/25/18 at 7:15 pm