

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

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

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

<hr/>		<b>X-RAY ORDER</b>	<hr/>	
Status: Ordered	Ordered : 08/22/19	6:56 pm		
Doctor: Donohue, Benjamin F, MD	Sched : 00/00/00			
16 BRENTWOOD DRIVE STE A	Acquired: 00/00/00			
ITHACA, NY 14850-1863	Req# : 177718			
	Phone : (607)-272-7000			
UPIN : NPI: 1558587204	Fax : (607)-272-4604			
Id : 20-4356115				

CPT	Test Name	Priority	Acc#
73030	Shoulder Left 2+ VWS	Routine	177718-17481555
Dx: S43.015D	Anterior dislocation of left humerus, subsequent encounter		
Dx: S46.012D	Strain of musc/tend the rotator cuff of left shoulder, subs		

Ordering Provider's Signature: \_\_\_\_\_



Electronically signed by Benjamin F Donohue, MD on 08/22/19 at 6:57 pm