



781067A22

12/15/20

FAMILY MEDICINE ASSOCIATES OF ITHACA
Patient Lab Order Requisition (Routine)

Cayuga Medical Center



CMC896705

of 1

Patient (Pt. Account # 4566)

Lab #

BLAYK, BONZEANNE R
1668 TRUMANSBURG RD
ITHACA, NY 14850

DOB : 05/01/1956 CMC
Age : 64 Sex: F
Ethn: Declined t
Race: White
Cht#: 65221

H-Phone: ()- -
W-Phone: (607)- -
C-Phone: (607)-351-4879

P: F:
Client: Bill To: T
Req # : 781067 CCS Client: A22
Pat ID: 4566-0

Primary Insurance

Co#: 12 LabID: Pol#:AN33246W
MOLINA HEALTHCARE EmpNm:
PO BOX 22615 EmpAd:
LONG BEACH CA 90801 EmpAd:

Exp:00/00/00 Ins:BONZEANNE R BLAYK
Addr:1668 TRUMANSBURG RD
Add2:ITHACA, NY 14850
Plan: Grp#:
DOB:05/01/1956 RelToPat:S

Lab Order (Routine)

Dr: Alan T. Midura, M.D.
209 WEST STATE STREET
ITHACA, NY 14850-5429

LabC: CMC
NPI : 1285714469
UPIN: E45164
Doc#: 1285714469

Status : Acquired
Ordered : 12/15/20 2:48p
Sched : 00/00/00 00:00
Acquired: 12/15/20 2:55p
Received: 00/00/00 00:00
Fasting : Non-Fasting

P: (607)-277-4341 F: (607)-216-0918
Id: 16-1123572

Order Notes

lsst

*** PLEASE SCAN BAR CODE ***

Lab Code	Test/Profile Name	Diagnosis	Priority
CMP	COMP METABOLIC PANEL	Z00.00	Routine
LIPID	LIPID PROFILE (TRIG/CHOL/HDL)	Z00.00	Routine

Dec 0078
SCANNED

Alan Midura

Ordering Provider's Signature:

Electronically signed by Alan T. Midura, M.D. on 12/15/20 at 2:48 pm

I authorize the release to my insurance carrier of any medical information necessary to process this claim, and I authorize payment of medical benefits directly to CMC.

Signature _____ Date: _____

DEC 15 18:40

SST
Smoo3



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