



Collect Date: 01/04/16 FRAZIER,TESTONE

Event No: 345413

**ROUTINE ORDER**

Standing Order: 45441

**CLIENT INFORMATION**

Shady Pines Nursing Home  
12 Grave Lane  
Dover, NH 03802  
  
Phone: 603-431-4114

**PATIENT INFORMATION**

PID: CI000172799 SSN:  
NAME: FRAZIER,TESTONE  
DOB: 01/01/1951,65 Gender: F  
Location: 11A  
Client PID:  
MRN:

**ORDER INFORMATION**

FREQUENCY: EVERY 3 MOS

Collection Date: 01/04/16

Ordering Physician: \*TURGEON, LISA [LML]

Copy To: \_\_\_\_\_

Diagnosis code(s): I25.10, N17.9, F31.9, Other: \_\_\_\_\_

**NOTE(S):**

ORDERED TESTS:

BASIC MET PNL INCL GFR	100000	SST
CBC W/DIFF	400090	LAV
GLYCO-HGBA1C	303300	LAV

**BILLING INFORMATION**

**Extra Trip Charge**

**Part B**, bill to insurance below

Primary Insurance:

Secondary Insurance:

Policy No:

Policy No:

Sub ID:

Sub ID:

MC No:

MC No:

State:

State:

**LAB USE ONLY:**

**Patient ID:** Band Self Nurse/Aid **DrawSite:** RAC LAC RHand LHand Other \_\_\_\_\_

**Collected:** Serum Red Lt.Blue Lavender Gray Boritex Vial Plain Cup Other: \_\_\_\_\_

**UTO Reason:** Combative Refused Discharged Deceased Other: \_\_\_\_\_

Rescheduled Date: \_\_\_\_\_

Print Date: 03/03/2016

Nurse Signature: \_\_\_\_\_ Nurse Printed Name: LisaT-SLDSI

Collect Time: \_\_\_\_\_ Phlebotomist ID: \_\_\_\_\_ Route: \_\_\_\_\_ Phlebotomist Signature: \_\_\_\_\_