

02/23/22

FAMILY MEDICINE ASSOCIATES OF ITHACA
Patient Diagnostic Imaging Order Requisition

Page 1

<p>Blayk, Bonzeanne R 1668 TRUMANSBURG RD ITHACA, NY 14850</p>	<p>PATIENT H-Phone: () - - W-Phone: (607) - - C-Phone: (607)-351-4879 Race :White Account:4566</p>	<p>DOB :05/01/1956 Sex :F Chart:65221</p>
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<p>Co#: 12P Policy#: AN33246W MOLINA HEALTHCARE PO BOX 22615 LONG BEACH CA 90801</p>	<p>PRIMARY INSURANCE Insured Name: BONZEANNE R BLAYK DOB : 05/01/1956 Group Number: Plan Name : Expired Date: 00/00/00</p>
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<p>Name :CMC</p>	<p>FACILITY INFORMATION Phone:(607)-274-4227 Fax : (607)-274-4620</p>
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<p>Status:Sent Doctor:Midura, Alan T.M.D. 209 WEST STATE STREET ITHACA, NY 14850-5429 UPIN :E45164 NPI:1285714469 Id :16-1123572</p>	<p>DIAGNOSTIC IMAGING ORDER Ordered :02/22/22 5:44 pm Sched :00/00/00 Acquired:00/00/00 Req# :39088 Phone : (607)-277-4341 Fax : (607)-216-0918</p>
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faxed

ORDER NOTES

<p>Test Name:Bone Density Study, 1 Or More Sites CPT: 78350 Dx: I10 Essential (primary) hypertension</p>	<p>Priority Routine</p>	<p>Acc# 39088-45536</p>
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Ordering Provider's Signature: Alan Midura
Electronically signed by Alan T. Midura, M.D. on 02/22/22 at 5:45 pm