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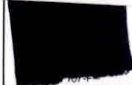
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LAB INFORMATION			
LAB NAME Sagis DX		PHONE	ACCOUNT # MOD7399A
ORDER # 117107	STREET ADDRESS		BILL TYPE Third-Party Bill

PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME BAKER		FIRST NAME REED		LAST NAME BAKER		FIRST NAME REED	
SSN	DATE OF BIRTH 07/15/1980	SEX Male	MRN 226934316917123	RELATIONSHIP TO PATIENT Self			
STREET ADDRESS 18975 COLLINS AVE UNIT 5105				STREET ADDRESS 18975 COLLINS AVE UNIT 5105			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY SUNNY ISLES BEACH	STATE FL	ZIP CODE 331605447		CITY SUNNY ISLES BEACH	STATE FL	ZIP CODE 331605447	
HOME PHONE	CELL PHONE 6462266111	EMPLOYER NAME		HOME PHONE	WORK PHONE		

PRIMARY BILLING / INSURANCE INFORMATION					
SUBSCRIBER NAME REED BAKER		RELATIONSHIP Self		SUB DOB 07/15/1980	
STREET ADDRESS PO BOX 30541		COMPANY NAME UMR		GRP/CONTRACT # MEMBER ID # 0012083178	
CITY SALT LAKE CITY		STATE		ZIP CODE 841300541	
EMPLOYER NAME		MEDICARE #		MEDICAID #	

PATH REQUISITION					
Location	Procedure	Clinical Information	ICD	Accession #	
A. left scrotum	Biopsy by Shave Method H and E	Morphology: subcutaneous cyst with prominent follicular pore DDX: Cyst	D48.5		SD23-000738  BAKER, REED Sagis Dx
B. right superior medial lower back	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5		 117107-B
C. right inferior medial midback	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5		 117107-C
D. left superior lateral midback	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5		 117107-D




E. left inferior upper back	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5	SD23-000738  BAKER, REED Sagis Dx
F. right inferior upper back	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5	

Electronically Signed By: Madelyn Lipman, MD, 12/28/2022 04:43 PM EST

A. . 3+, 1+, 1
B. . 4+, 1+, 1
C. . 4+, 1+, 1
D. . 2+, 2+, 1
E. . 3+, 2+, 1
F. . 2+, 2+, 1

(2)

522-4425

LAB INFORMATION									
LAB NAME Sagis DX					PHONE		ACCOUNT # MOD7399A		
ORDER # 117086		STREET ADDRESS					BILL TYPE Third-Party Bill		
PATIENT INFORMATION					GUARANTOR INFORMATION				
LAST NAME ELLER		FIRST NAME BETSIE		M.I.	LAST NAME ELLER		FIRST NAME BETSIE		M.I.
SSN XXX-XX-5750		DATE OF BIRTH 12/07/1987		SEX Female	MRN 226934316901775		RELATIONSHIP TO PATIENT Self		
STREET ADDRESS 789 W YAMATO RD APT 111					STREET ADDRESS 789 W YAMATO RD APT 111				
STREET ADDRESS CONTD.					STREET ADDRESS CONTD.				
CITY BOCA RATON		STATE FL		ZIP CODE 334314466		CITY BOCA RATON		STATE FL	
HOME PHONE		CELL PHONE 9547409046		EMPLOYER NAME		HOME PHONE		WORK PHONE	
PRIMARY BILLING / INSURANCE INFORMATION									
SUBSCRIBER NAME BETSIE ELLER			RELATIONSHIP Self		SUB DOB 12/07/1987		COMPANY NAME GOLDEN RULE INSURANCE CO		GRP/CONTRACT #
STREET ADDRESS PO BOX 31374									MEMBER ID # 096357720
CITY SALT LAKE CITY					STATE		ZIP CODE 841310374		EMPLOYER NAME
							MEDICARE #		MEDICAID #
PATH REQUISITION									
Location	Procedure	Clinical Information	ICD	Accession #					
A. left medial trapezial neck	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5	SD23-000738  BAKER, REED Sagis Dx					
B. left inferior lateral lower back	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5						
C. right anterior medial distal thigh	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5						
D. left lateral abdomen	Biopsy by Shave Method H and E	Morphology: irregular brown macule DDX: Dysplastic Nevus	D48.5	