


Path Req - December 28, 2023

Order Number: 36773 Bill Type: Third-Party Bill

PMS ID: Sex: DOB: Phone: MRN:
104258PAT000012750 Male 04/09/1962 (307) 259-0346 MM0000011219

LAB INFORMATION							
LAB NAME Sagis DX				PHONE		ACCOUNT #	
ORDER # 36773		STREET ADDRESS				BILL TYPE Third-Party Bill	
PATIENT INFORMATION				GUARANTOR INFORMATION			
LAST NAME Jensen		FIRST NAME Clayton		M.I. E		LAST NAME Jensen	
SSN XXX-XX-6743		DATE OF BIRTH 04/09/1962		SEX Male		MRN MM0000011219	
STREET ADDRESS 678 Rawhide Rd				STREET ADDRESS 678 Rawhide Rd			
STREET ADDRESS CONTD.				STREET ADDRESS CONTD.			
CITY Evansville		STATE WY		ZIP CODE 82636		CITY Evansville	
HOME PHONE		CELL PHONE 3072590346		EMPLOYER NAME Casper Boxing Club		HOME PHONE	
						WORK PHONE	
PATH REQUISITION							
Location	Procedure	Clinical Information		ICD	Accession #	Test #	
A. right mid-upper back	Biopsy by Shave Method H and E	Morphology: papule DDX: Neoplasm of Uncertain Etiology vs. Basal Cell Carcinoma		D48.5		 36773-A	

Electronically Signed By: Rebecca L Samberg, DNP FNP-C, 12/28/

** Match providers discount 100% **

