

Fax

To:		From:	Diariu Brown
Fax:	8453339009	Fax:	(845)565-1364
		Voice:	(845)563-8000

Date: November 01, 2019
Company: Cornerstone Family Healthcare

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Diariu Brown
Medical Records Clerk
900 Corporate Boulevard
Newburgh, NY12550
Tel: (845)563-8000
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Cornerstone Family Healthcare
147 Lake Street, Newburgh, NY 12550
(845) 563-8000

11/01/2019 03:01 PM

Page 1 of 1
Test Form

Test Form

Authorizing Provider: Ashley Munroe MD
Signing Provider: Ashley Munroe MD
Phone: (845) 343-8838
Fax:

Service Provider: Orange Regional Medical Center
BioReference #: S3444
Phone: (845) 333-7050
Fax: (845) 333-7024

Patient Name: Abigail Fernandez
Home Phone: (845) 381-6033
Work Phone:
Resp. Provider: Laura Bonacore

DOB: 04/30/2015 Age: 4 Years & 6 Months
Sex: F

Primary Ins: Fidelis Care NY MCD
Group:
Policy:
Insured ID: 74363333500

Secondary Ins: Medicaid Medical
Group:
Policy:
Insured ID: FM43827Q

Code

CPT-76770

Description

US RETRO COMP RENAL BLADDER

DiagnosesACUTE CYSTITIS WITHOUT HEMATURIA (ICD-N30.00)
(ICD10-N30.00)

Order Number: 1511858-2
Auth#:
Quantity: 1
Start Date: 11/1/2019
Priority: Normal
Electronically signed by: Ashley Munroe MD
Signed on: 11/1/2019 2:18:15PM
Instructions: Please contact for appointment

Cornerstone Family Healthcare
147 Lake Street, Newburgh, NY 12550
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