

TEST, Male (id #2532, dob: 01/01/1985)


## Lab Order

06/08/2022

Order To	Ordering Provider
DELAWARE DIAGNOSTIC LABS (SABRE BUILDING)  4051 OGLETOWN STANTON RD NEWARK, DE 19713  Phone: (302) 407-5903  Fax: (888) 777-9197	MONIKA T. VANSANT, DO 1962441683 FIRST OFFICE 801 WASHINGTON AVE UNIT C PHILADELPHIA, PA 19147-4716 Phone: (267) 692-4772 Fax: (267) 519-8120

Order	
Orders included: 1	
Exposure to SARS-CoV-2   ICD-10: Z20.822: Contact with and (suspected) exposure to COVID-19 • SARS COV 2 RNA (COVID-19), QL, RRT-PCR, RESPIRATORY SPECIMEN   BILL: Third Party	
Patient Name	TEST, MALE
Sex - DOB - Age	M 01/01/1985 37yo
Address	100 MAIN STREET PHILADELPHIA, PA 19147
Phone	h: (845) 549-0388 w:
Primary Insurance	*SELF PAY*
Secondary Insurance	Medicare-PA (Medicare) ID: ABC123DEF456 Policy Holder: TEST, MALE
Drawn by:	
Date/Time Drawn:	
Fasting?:	- None Needed - 8 HR - 12 HR
Other/Notes:	
CC:	

Electronically Signed by: MONIKA T. VANSANT, DO

\_\_\_\_\_  
MONIKA T. VANSANT, DO