

Te

CV800 - City of Detroit



413200TJ

Appointment Date/Time
Monday 4th, May 2020 10:00
AM

PATIENT	LAST NAME		FIRST NAME		MI	GENDER	DATE OF BIRTH	LAST 4 OF SSN.	
	Tester		Jim			male	1950-03-20		
	STREET				APT. #	CITY		STATE	ZIP
	731 E Farnum Ave					Royal Oak		MI	48067
AGE	CELL PHONE NO.		HOME PHONE NO.		PATIENT EMAIL				
70	586-899-2701		313-373-4960						

PHYSICIAN	NAME		NPI #	PHONE NUMBER
	John Smith		123456789	248-555-1212
	RX DATE / TIME			
	2020-05-01 00:00:00			
Address				
1 Woodward Ave				
Detroit, MI, 48226				

SPECIMEN	Date of collection:
	Time of collection:
	Patient ID 200504650977

Nasopharynx (source)

TH68-0 Novel Coronavirus COVID-19 Nasopharynx

Tester, Jim,
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