

**Patient Information**

Element	Data
Patient Name	Ramoz
Administrative Sex	Male
Date/Time of Birth	12/12/1933

**Order****Ordering Provider**

Element	Data
Provider Name	Radon

**General order information**

Element	Data
Placer Order Number	ORD170
Order Control	NW
Date/Time of Transaction	12/12/2013 12:12 PM

**Order details**

Element	Data
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**Diagnosis information**

Element	Data
Priority	1
Diagnosis ICD-10CM Code	I48.2
Diagnosis type	F