



UNIVERSITY  
MEDICAL CENTER  
OF EL PASO

PATIENT INFORMATION

Last name First MI DOB

Sex SS # ACCOUNT BILLING NUMBER

Address City / State / Zip

REGIONAL LABORATORY,  
9623 ALBERTA AVENUE  
EL PASO, TEXAS 79905  
(915) 521-7788  
FAX (915) 521-7453  
CLIA # 45D067465  
CAP # 21737-01

ACCION

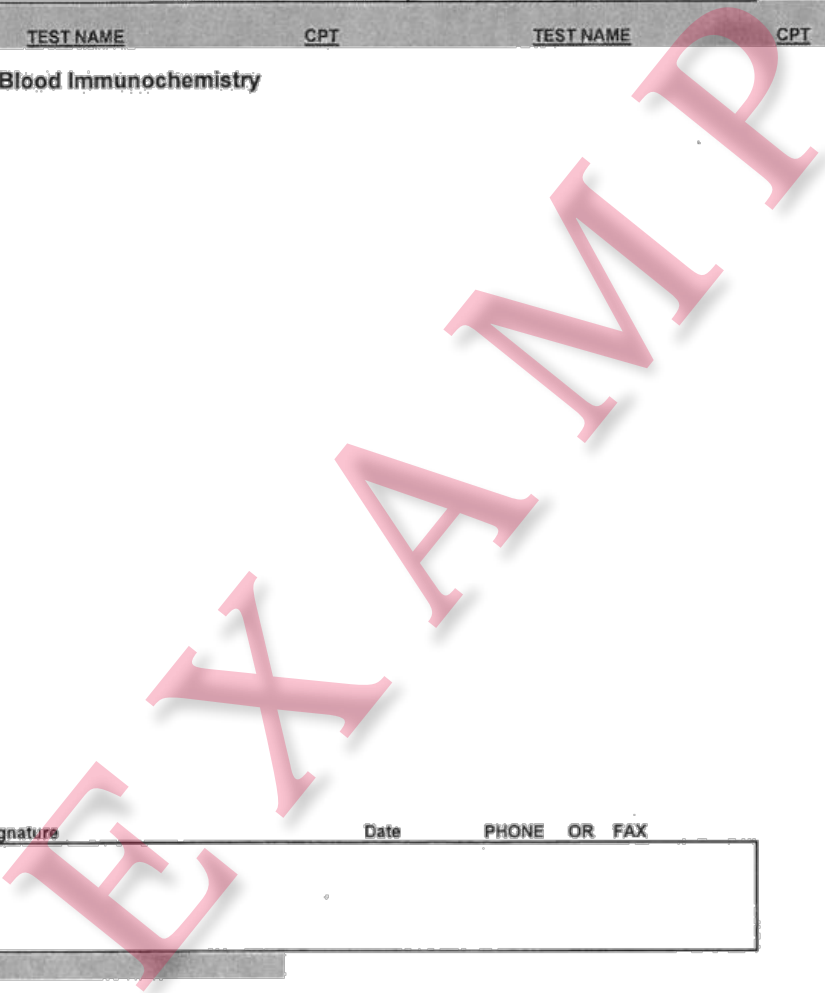
F.I.T. COMMUNITY STUDY

CLINIC LOCATION / CODE  
FIT

Primary Physician *PRINT* Diagnosis / ICD-9  
Dr. Shokar

TEST NAME CPT TEST NAME CPT

Occult Blood Immunochemistry



Physician Signature Date PHONE OR FAX

Collection Date & Time

COMMENTS: