



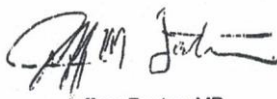
Lab order

Date:

Name:
 DOB:
 Gender:
 ID:
 Phone:
 Address:

Requesting Provider Information
 New England Food Allergy Treatment Center
 Provider Name: Jeffrey Factor, MD
 Address: 836 Farmington Ave Suite 138
 West Hartford, CT 06119
 Phone: 860-986-6099
 FAX: 860-761-2674

Test to be done	Quest Test Code	Test name	Specimen	ICD 10 code
√	2802	F002-IgE Milk (cow)		T78.07XA
√	91403	Milk component panel: α -lactalbumin IgE (f76), β -lactoglobulin IgE (f77), casein IgE (f78)		T78.07XA
√	17684	Milk IgG4		T78.07XA
√		CBC with diff		



Jeffrey Factor, MD
 New England Food Allergy
 Treatment Center