



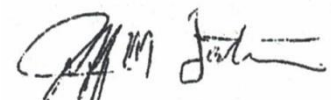
Lab order

Date:

Name:
 DOB:
 Gender:
 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
√	2801	f001-IgE Egg White		T78.08XA
√	91372	Egg component panel: Ovalbumin (f232) IgE, Ovomuroid (f233) IgE		T78.08XA
√		CBC with diff		



Jeffrey Factor, MD
 New England Food Allergy
 Treatment Center