

Lab document for Danny D Jackson for the following tests and procedures: ALBUMIN/CREAT URINE RATIO.



Kidney Care of Oregon
1077 GATEWAY LOOP
SPRINGFIELD OR 97477-1114
Phone: 541-485-6478
Fax: 541-485-0452

Patient Information:

Name: Danny D. Jackson
MRN: 4007083
Gender: M **Sex:** M
Date of Birth: 2/18/1944

Phone: 541-654-6044
Address: 1507 Bennett Creek Rd
Cottage Grove OR 97424

Insurance Information:	
Primary Insurance:	Secondary Insurance:
Ins Co Name: Medicare Address 1: PO BOX 1030 Address 2: City, State Zip: MARION, IL 62959-7530 Policy Number: 4YX0EK8YT41 Group #:	Ins Co Name: AARP Supplemental (36273) Address 1: PO BOX 1878 Address 2: City, State Zip: SOUTHAMPTON, PA 18966-9998 Policy Number: 03450428711 Group #:
Primary Policy Holder / Insured:	Secondary Policy Holder / Insured:
Name: JACKSON,DANNY D Address: 1507 Bennett Creek Rd Cottage Grove, OR 97424 Pt Relation to Self Subscriber:	Name: JACKSON,DANNY D Address: 1507 Bennett Creek Rd Cottage Grove, OR 97424 Pt Relation to Self Subscriber:

Orders**Date Ordered:** Dec 5, 2025**Time Ordered:** 12:04 PM**Urine Albumin / Creatinine Ratio****Comments:****Order ID:** 636755499 **Expires:** 1/5/2027 **Expected:** 12/5/2025**Count:** 1**Specimen Source:** Urine, Clean Catch**Order Priority:** Routine**Associated Diagnoses:**

Other proteinuria (R80.8); Membranous glomerulonephritis (N03.2)

Order Entered by: Sanghvi, Shalin, MD**Authorizing Provider:** Sanghvi, Shalin, MD (NPI: 1366490914)**Electronically Signed by:** Sanghvi, Shalin, MD