



**CUSTOMER
PRODUCT
SAMPLE
CATALOG**

*502 Court Street Suite 206 • Utica, NY 13502
315.733.5031 • 315.733.4436 Fax*

CNY Business Solutions

let's print

502 Court St.
Suite 206
Utica, NY 13502

315.733.5031
315.733.4436 FAX

Our Team

Wendy Aiello
Ext. 26

John DeShane
Ext. 20

Missy Biamonte
Ext 32

Jennifer Racquet
ext. 34

CNY Business Solutions was established May 8th 2008. We are located at 502 Court Street, Utica. We are a small family run company with years of experience together to ensure the best customer service possible. Every job is handled as a team. Every person is aware of every job, so no questions go unanswered. Here at CNY "Customer service is what we do not a department!" Our company has evolved into a WBE Certified Business, we have purchased updated equipment, doing more for our community, and we are reaching for new goals daily.



As a team we will handle your companies printing needs. We will spec each piece to get accurate quoting. We will also sit down and find ways to save you and your company money to ensure you are getting the best pricing and quality for your needs. CNY will then finalize a quote sheet showing : Paper size, weight, color, sides and specifics of the job. We will then follow up to get your product to you as requested. Your representative will keep you updated on the status of your order as it progresses. If you need a job expedited we will do all we can to make that happen. Also our Team at CNY Business Solutions treats every job equally with top priority.

Please see the reverse side for a list of some of the printing we do. If you contact us with something we can not do, we will help you find someone that can. So call today for all your printing needs! Samples available upon request.

Email us today
wendy@cnybusinesssolutions.com
john@cnybusinesssolutions.com



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MULTIPART, SNAPSETS***

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COUPONS, TABLE TENTS, TAGS, FOLDERS,
BOOKS***



SECTION 1

AD SPECIALTY

***502 Court Street Suite 206 • Utica, NY 13502
315.733.5031 • 315.733.4436 Fax***

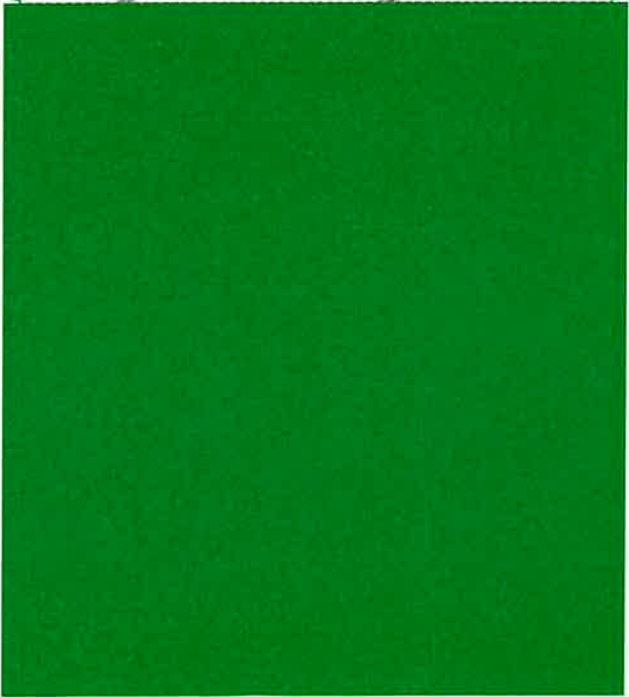
This material was funded by USDA's Supplemental Nutrition Assistance Program - SNAP. This institution is an equal opportunity provider and employer.



NORTH COUNTRY REGION
EAT SMART NY
NorthcountryeatSMARTny.org



Cornell University
Cooperative Extension



PROOF



Front



Front

PRODUCT DETAILS

Material	usb12004 - Swivel USB drive
Body/Item color	Shell: White ; Clip: White
Font color	Full color(Both side)
Size	2 GB
To print	See the logo
Total quantity	500.
Attachment	
Special Attachment	

LOGO

**EATING BETTER
ON A BUDGET**

PANTONE VALUES



Full Color

COMPANY C N Y BUSINESS SOLUTIONS

ORDER ID 3937856

IMPRINT COLOR WHITE

P.O. WA122019-MVCAA4

REORDER OF 3743576

NOTE PER PREVIOUS ORDER:

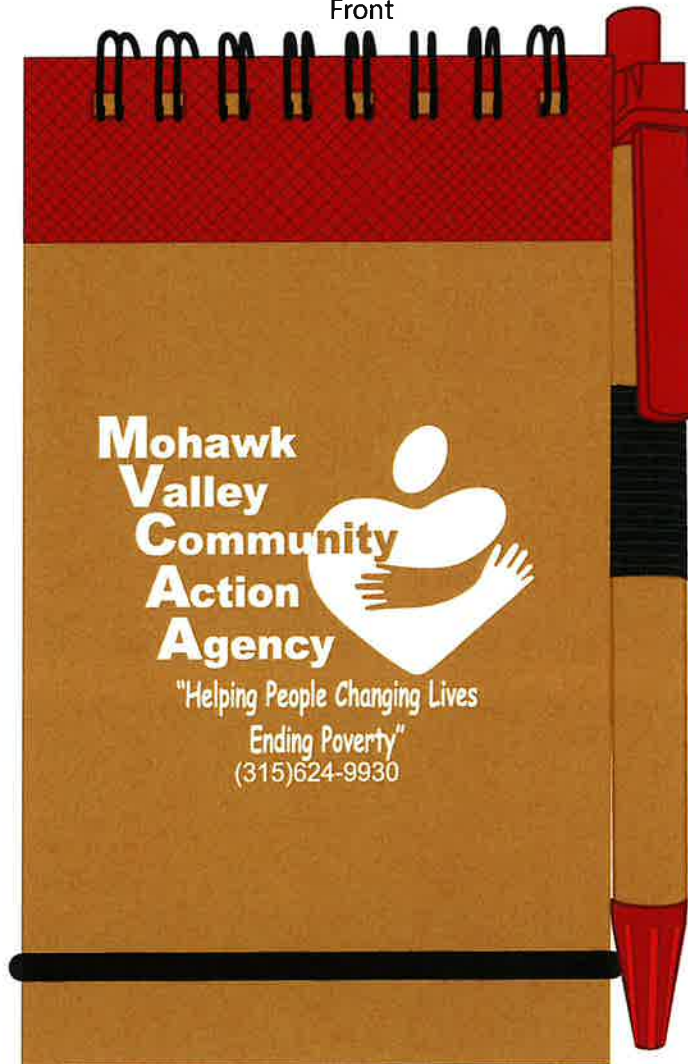
ARTWORK ISSUE

DISCLAIMER: PLEASE ADVISE IF THE ARTWORK IS CORRECT BEFORE APPROVING THE ORDER.

ACTUAL SIZE

Think Green Recycled Notepad & Pen

Front



PLEASE NOTE: LOGO(S) ARE SHOWN AT MAX IMPRINT

DISCLAIMER: PLEASE VERIFY IF ALL ARTWORK, TYPESETTING, IMPRINT COLOR(S), LOCATION(S) IMPRINT SIZE(S) AND ITEM COLOR(S) ARE CORRECT BEFORE APPROVING THE ORDER.

↑ PROOF NOTES AND ART CONCERNS ↑

BG-300

NAVY BAG
WHITE IMPRINT
EM

Cyan Line - BG-300 Convention Tote (14.5" W x 15.5" H)

Magenta Line - Imprint Area - (12.75" W x 12.75" H)



**The
Neighborhood Center, Inc.
SOHO Program
315-272-2698**

COMPANY C N Y BUSINESS SOLUTIONS

ORDER ID 4002508

IMPRINT COLOR CMYK

P.O. WA63020-NHC2

DIGITAL PRINTING DISCLAIMER:

The color conversion process for CMYK printing does not recognize PMS colors. However, we can use a CMYK to PMS converter, which allows us to print CMYK colors, as close as possible, to PMS colors.

DISCLAIMER: PLEASE ADVISE IF THE ARTWORK IS CORRECT BEFORE APPROVING THE ORDER.

ACTUAL SIZE

Clip-It 1oz
Moisture Bead
Hand Sanitizer (Front)
WSA-CL15



ACTUAL SIZE

Actual Size of Label
1" x 1-7/8"



GRAY BACKGROUND DOES NOT PRINT

SAFE AREA

LABEL - Imprint Area
BLEED (IF NEEDED)

PLEASE NOTE: LOGO(S) ARE SHOWN AT MAX IMPRINT

DISCLAIMER: PLEASE VERIFY IF ALL ARTWORK, TYPESETTING, IMPRINT COLOR(S), LOCATION(S) IMPRINT SIZE(S) AND ITEM COLOR(S) ARE CORRECT BEFORE APPROVING THE ORDER.

↑ PROOF NOTES AND ART CONCERNS ↑

Paper Proof!

Please Check Carefully!

Kindly advise by email any further instructions; So we may continue with production immediately!

PO # WA63020-NHC4 - COMPANY JOB # 154357
1000 Pcs. Item # 630 Purple - Print Color: Black



Please Note:

- Item Size & Colors are approximate only
- Final product might differ a bit.

100%

Is the text legible?

Don't judge legibility from the computer screen
PRINT proof on 8.5" x 11" White Paper
Final artwork will appear exactly as your print out.



Scale: This line is 1 Inch!



1st Proof



2nd Proof



3rd Proof

I understand that my signature confirms that the copy, format, layout. Spelling and size are correct.

Approved!

X _____

STANDARD SILK-SCREEN

F.P.O.



PLEASE NOTE:
 Proof approvals are solely the customer's responsibility, we are not responsible for typos.
 Please review artwork carefully.

ACTUAL LOGO SIZE: 1.5"W x 1.2309"H



**COMPOSITE
 NOT ACTUAL SIZE**

Dashed Line For Imprint Area Only, Will Not Print.

	Artist/Date: Order #:7998140 Ship Date: Imprint Color:WHITE Item Color:	Item #: 227 Imprint Size: 1.5" W x 1.5" H Imprint Type: Standard Silk-Screen	Proofing:
--	---	--	-----------

ITEM COLOR:
BLACK

ITEM NUMBER:
L317

LEFT CHEST:
3.75"W X 1"H
IMPRINT COLORS:
WHITE



ITEM COLOR:
BLACK

ITEM NUMBER:
LB1011

FRONT:
4"W X 4"H
IMPRINT COLORS:
WHITE



26266

EMBROIDERY

Please note that due to screen resolution, colors on your monitor and/or mobile phone may not appear directly to that of the garment or imprint's true vibrancy. Also, that it is a digital composition of the overall look for the order itself. Please carefully read the notations for imprint specifics and sizing while spell checking selected wording. Respond via e-mail with an approval so that we may place your order into production. Failure in responding in a timely fashion may effect order's due date. Any additional artwork or extensive changes may be subject to added fees that bill for the time needed to meet the criteria for the order, at the discretion of Boulevard Graphics.

Your approval of applicable artwork with thorough review will release Boulevard Graphics from liability before and after print has been completed.



CUSTOM APPAREL AND PROMOTIONAL ITEMS
SCREEN PRINTING • EMBROIDERY • SIGNAGE
VERT. • GRAPHIC DESIGN

WWW.BVGRAPHICS.COM

29 BOULEVARD DRIVE, WHITEHOUSE, NY 1344

315-768-9628



ART PROOF

Account: 18480 CNY BUSINESS SOLUTIONS

Purchase Order: **WA9920-BP**

Sales Order: **104241489**

Proof Date: **09-SEP-2020 15:41**

Order Information:

Barrel:Screen Print:White

Item Color:Purple with Black Ink

55667 Guard Pen

Screen Print

Barrel(Standard): 1.25" x .375", (max. 2 colors)

Minimum Font Size: 6 pt.

Minimum Line Wt: .5 pos / .5 neg

Halftones Not Available

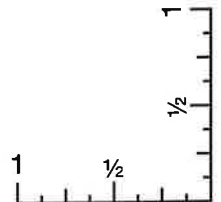
Art notes:



BARREL

**Bonide Products LLC
Trusted Since 1926**

Imprint Actual Size



PLEASE NOTE:

You are approving spelling, copy, size, and layout. Please verify all before you approve. This document shows the approximate color that will print on your product; it is a close but not exact representation of the final color.

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Approved With Changes
<input type="checkbox"/>	Not Approved-Send Revised Proof
Signature _____	

Del Mar Black

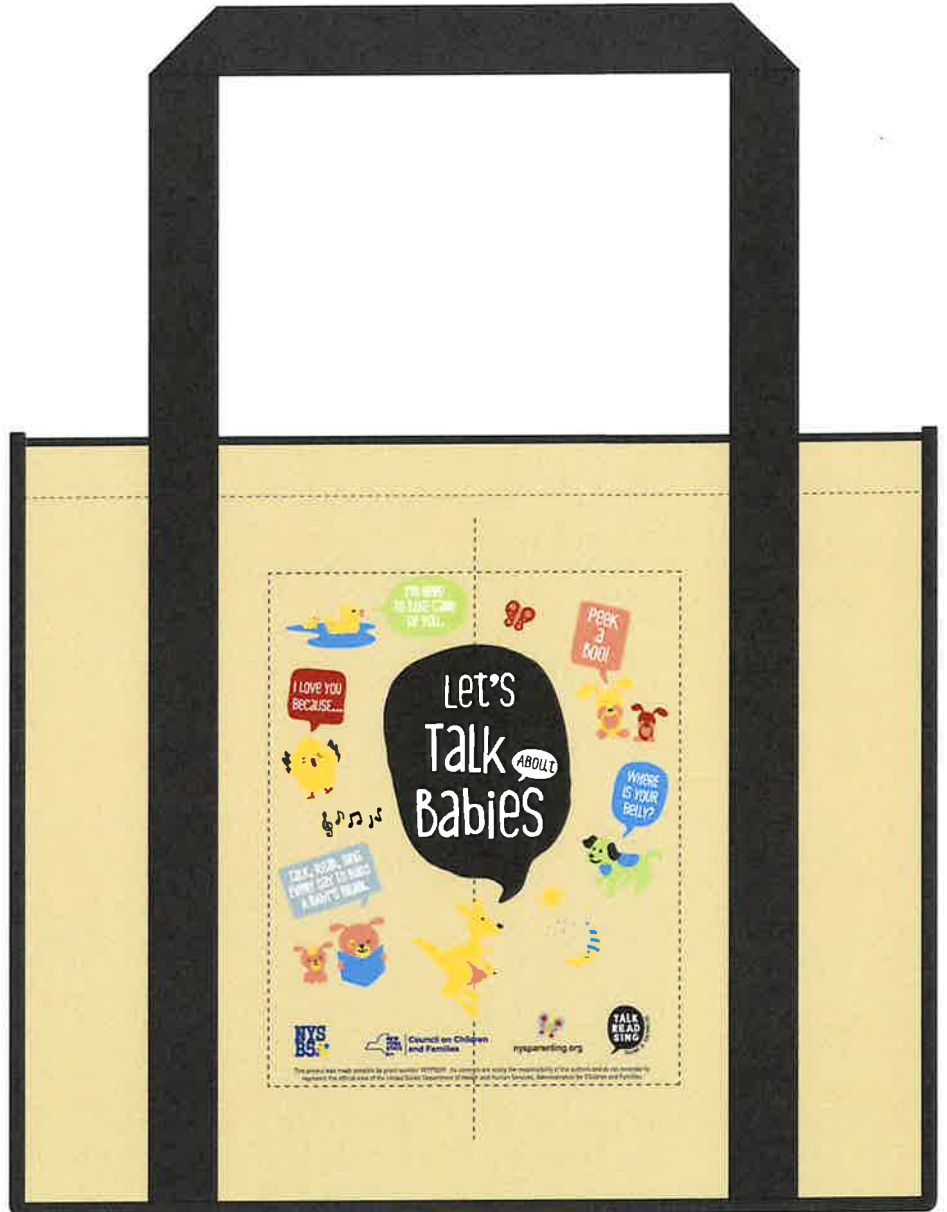
Quantity: 10

Color: 4 Color Process

Actual Imprint Size: 7.6x9.9

Location: Centered

Small text and Fine details may not hold during printing.



DOTTED LINE WILL NOT APPEAR ON YOUR IMPRINTED ITEM

The colors on this proof are RGB simulations of Pantone/CMYK colors, actual colors may vary.

In ColorVista, we CANNOT MATCH Pantone colors. We can only get CLOSE TO referenced Pantone colors. As a result, some colors may vary on the final print.



SECTION 2

BROCHURES, TRI-FOLDS AND RACK CARDS

Puede que te estés preguntando:

- ¿Cómo sé si mi niño/a tiene alguna necesidad especial o una discapacidad?
- ¿Los servicios de los Centros de dirección están basados en necesidad económica?
- ¿Quién toma la decisión sobre los servicios que mi niño/a recibe?
- ¿Tengo derechos como padre/madre de un/a niño/a con necesidades especiales?
- ¿Puedo hablar con otros padres?

¡El ECDC Central ofrece información gratuita y confidencial, referencias y servicios para familias, prestadores de servicios y agencias comunitarias!

El ECDC Central es uno de los 14 ECDC en el estado de Nueva York y está financiado por el Departamento de Educación del estado de Nueva York.



ECDC Central

Centro de dirección de la primera infancia

Sirve a las siguientes regiones de las BOCES (Juntas de servicios educativos cooperativos):

Herkimer-Fulton-Hamilton-Otsego
Jefferson-Lewis-Hamilton-Herkimer-Oneida
Madison-Oneida
Oneida-Herkimer-Madison

Para más información, por favor contacte a:

Central Early Childhood Direction Center
(Centro de dirección de la primera infancia)

409 Columbia Street

Utica, NY 13503

315-272-1887

ecdc@rcil.com

www.rcil.com/ecdc



You have the right to remain you



ECDC Central

Centro de dirección de la primera infancia



El ECDC Central sirve a las siguientes regiones de las BOCES (Juntas de servicios educativos cooperativos):

Herkimer-Fulton-Hamilton-Otsego
Jefferson-Lewis-Hamilton-Herkimer-Oneida
Madison-Oneida
Oneida-Herkimer-Madison



ECDC Central

Centro de dirección de la primera infancia

El Centro de dirección de la primera infancia (EDCD, por sus siglas en inglés) de la región 5 del estado de Nueva York proporciona información y asistencia en relación a los programas y servicios para niños/as, desde el nacimiento hasta los 5 años de edad, que tienen necesidades especiales o se sospeche que puedan tener un retraso en su desarrollo. Entre los retrasos del desarrollo se incluyen dificultades para comunicarse, moverse, pensar, jugar y/o aprender.



Los servicios del ECDC Central están disponibles de manera gratuita para familias, agencias, especialistas y otros miembros de la comunidad.

El ECDC Central proporciona información sobre:

- Programas de intervención temprana
- Educación especial preescolar
- Evaluación y valoración infantil
- Servicios sociales, médicos y educativos
- Oficina para personas con discapacidades del desarrollo (OPWDD, por sus siglas en inglés)
- Transporte
- Programas de guardería y de preescolar
- Oportunidades de capacitación para padres y especialistas
- Otros recursos para padres

Los servicios incluyen:

- Satisfacer las necesidades de los/as niños/as con los servicios disponibles
- Ayudar a los padres a obtener servicios
- Seguimiento para asegurar que los/as niños/as reciben los servicios
- Coordinación de los servicios entre agencias
- Educación para padres de niños/as en edad preescolar con discapacidades



A lo largo del año el ECDC Central lleva a cabo talleres gratuitos para familias, agencias, especialistas y otros miembros de la comunidad sobre varios temas.

Los temas incluyen:

- El proceso de la educación especial preescolar
- La transición de la intervención temprana a la educación especial preescolar
- La transición de la educación especial preescolar a la educación especial en edad escolar
- La alfabetización y comunicación tempranas
- Cómo guiar el comportamiento de tu niño/a
- Un ambiente menos restrictivo

Llame al 315-272-1887 o visite nuestro sitio web (www.rcil.com) para informarse sobre los temas, horarios, lugares e inscripción para los talleres y eventos comunitarios relevantes para prestadores de servicios y padres de niños/as con discapacidades.

What WERC Participants Say About our Services:

"The facilitators were unbelievably informative and so encouraging. This course has pushed me into a new and exciting aspect of my life."

"I'm no longer afraid to face an employer at an interview. The organization has taught me about resilience and perseverance ..."

"None of these agencies have been as responsive in identifying possible positions as has WERC in the month that I have been registered there."

"WERC has given me the confidence I need to go back out into the work force. The instruction on how to write my resume has shown tremendous results."

"I participated in the WERC Program recently and have to say I learned a lot about job interviewing and answering key questions that I had not been answering correctly in past ... I found myself looking forward to going to class every day."

"I enjoyed the focus on positive thinking and handling negative situations on a job ... This helped build my confidence in every situation in life."



Delivering exceptional, personalized training to help women identify and achieve their employment goals

185 Genesee St., Suite 601, Utica, NY 13501
315.793.9700
seghigian@wercmv.org

www.wercmv.org

Proud to be a New York State Displaced Homemaker Program
Funded in part by the United Way of the
Valley and Greater Utica

WERC

WOMEN'S EMPLOYMENT & RESOURCE CENTER

Delivering exceptional, personalized training to help women identify and achieve their employment goals



Find your path at WERC!

RESUMES • INTERVIEW SKILLS
COMPUTER TRAINING • CUSTOMER SERVICE • PUBLIC SPEAKING
JOB SEARCH ASSISTANCE • NETWORKING
JOB PLACEMENT • GOAL SETTING
EMPLOYMENT COUNSELING

315/793-9700

www.wercmv.org





***WERC** can be the first step in the long, arduous journey to lasting change. When a woman seeks assistance through WERC, they are no longer alone. We become their coach, helping them navigate and eliminate obstacles as they successfully chart a course from modest goals to big dreams.*



Ready to begin your new journey?

You'll need to prepare and set a course! Let WERC help you on your way!

Our friendly and experienced staff will team up with you to help you achieve your goals regardless of your income, experience, or education level.

Need to sharpen your computer skills? In our state-of-the-art computer lab we'll train you how to be proficient with operating

computers. We also provide courses on **Microsoft Word** and **Microsoft Excel**.

Whether you are new to computers or just need a refresher course, we'll help you on your way.

Need assistance with resume preparation?

Whether you need to create a resume from scratch or update an existing one, we will help you create a resume that highlights your skills and experience!

Have questions on cover letter writing? No matter if you need help with wording, edits or are wondering what a cover letter even is, we will assist you in creating the finest introduction to help land you the interview!

Are you ready? Call us to make an appointment and discuss your options. We are ready to help you take the first steps to achieving your employment goals and making your dreams a reality!

Delivering exceptional, personalized training to help women identify and achieve their employment goals.



WOMEN'S EMPLOYMENT & RESOURCE CENTER

Did you know?

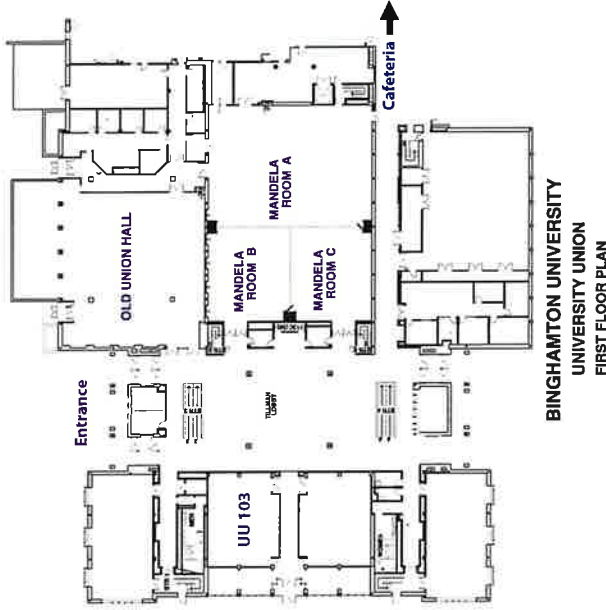
- ◆ WERC publishes a monthly column entitled "Problem Solving Tip" focused on helping job seekers stay motivated. Read back issues or sign-up to receive new issues at www.wercmv.org.
- ◆ If you are unemployed or under-employed and actively seeking a job, WERC can help you jump start your job search. (call for detailed eligibility).
- ◆ Schedule computer time for your job search activities in a quiet, relaxed and supportive environment!
- ◆ Job interviews can be intimidating – but with WERC's help you can enter your next job interview feeling confident and prepared!



Binghamton University
University Union
4400 Vestal Parkway East
Vestal, NY 13902

Housing, Community & Faith-Based Development Roundtable

Friday, March 11, 2016
Binghamton, New York

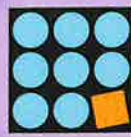


Andrew M. Cuomo
Governor



James S. Rubin
Commissioner/CEO





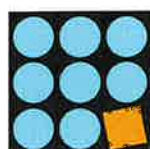
RCIL **Ámsterdam**
INICIATIVA DE APOYO A LOS
CUIDADORES DE PERSONAS CON ALZHEIMER



- Obtenga respuestas a sus preguntas
- Conozca los programas gratis educativos
- Asista a cursos de capacitación en su localidad
- Encuentre apoyo comunitario en su zona

APOYO A LOS CUIDADORES DE PERSONAS
CON ALZHEIMER Y DEMENCIA

LLAME AL 518-842-3561 | RCIL.COM
CENTRO DE RECURSOS PARA LA VIDA INDEPENDIENTE
(RESOURCE CENTER FOR INDEPENDENT LIVING)



RCIL **Ámsterdam**
INICIATIVA DE APOYO A LOS
CUIDADORES DE PERSONAS CON ALZHEIMER



SECTION 3

BUSINESS CARDS

PROGRESS ENVIRONMENTAL

▶ Juan Cruz

401 Ritchie Road, Capitol Heights, MD 20743
Cell 240.882.6844
Fax 301.333.2208

jcruz@progress401.com
www.progress-environmental.com

PROGRESS ENVIRONMENTAL

▶ Julio Chan

401 Ritchie Road, Capitol Heights, MD 20743
Cell 301.675.8153
Fax 301.333.2208

jchan@progress401.com
www.progress-environmental.com

PROGRESS ENVIRONMENTAL

▶ Nelson Mejia

401 Ritchie Road, Capitol Heights, MD 20743
Cell 571.245.1510
Fax 301.333.2208

nmejia@progress401.com
www.progress-environmental.com

PROGRESS ENVIRONMENTAL

▶ Orlin Sosa

401 Ritchie Road, Capitol Heights, MD 20743
Cell 703.986.6314
Fax 301.333.2208



FAMILY PLANNING SERVICE OF OCHD

Tiffany D. Lloyd
Health Educator

Family Planning Service Phone: 315-435-3295
428 W. Onondaga Street Cell: 315-415-3856
Syracuse, New York 13202 Fax: 315-435-8242
Email: hltlloyd@ongov.net

A program of Syracuse Model Neighborhood Facility, Inc.



FAMILY PLANNING SERVICE OF OCHD

Eileen A. Moody
Social Service Coordinator

428 W. Onondaga Street Phone: 315-435-3686
Syracuse, New York 13202 Fax: 315-435-8242
Email: hlemood@ongov.net

A program of Syracuse Model Neighborhood Facility, Inc.



FAMILY PLANNING SERVICE OF OCHD

Jean R. Reilly, MSW
Project Director

428 West Onondaga Street Phone: 315-435-3685
Syracuse, New York 13202 Fax: 315-435-8242
Email: hjreil@ongov.net

A program of Syracuse Model Neighborhood Facility, Inc.



FAMILY PLANNING SERVICE OF OCHD

Troy Joseph White
HIV Outreach Specialist

428 West Onondaga Street Phone: 315-435-3295
Syracuse, New York 13202 Cell: 315-466-1092
Email: troywhite@ongov.net Fax: 315-435-8242

A program of Syracuse Model Neighborhood Facility, Inc.

MARK SIEG

Territory Sales Manager
46 Squire Lane
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msieg@bonide.com
Phone 315-466-6921

6301 Sutliff Road • Oriskany, NY • 13424
Factory: PH: 315.736.8231 FAX: 315-736-7582

TRUSTED SINCE 1926
BONIDE

TRUSTED SINCE 1926
BONIDE

Edward (Joe) Breault
Territory Sales Manager
12321 East Zimmerly Court
Wichita, KS 67207

jbreault@bonide.com
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Kevin Miller

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BONIDE

TRUSTED SINCE 1926
BONIDE

Rich Stryker

Vice President of Sales
357 Albacore Drive
Frederica, DE 19946

richs@bonide.com
Phone: 732-672-9235

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Mia Keske-Anderson

Territory Sales Manager
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Phone: 651-955-3592

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Factory: PH: 315.736.8231 FAX: 315-736-7582

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Chris Thier

Territory Sales Manager
107 Harmony Oaks Trail
Canton, GA 30115

cthier@bonide.com
Phone: 470-249-2412

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Chris Thier

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107 Harmony Oaks Trail
Canton, GA 30115

cthier@bonide.com
Phone: 470-249-2412

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Factory: PH: 315.736.8231 FAX: 315-736-7582

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BONIDE

TRUSTED SINCE 1926
BONIDE

Christopher Long
Merchandizing & Sales Specialist

36 Maloney Drive
Wappinger's Falls, NY 12599

clong@bonide.com
Phone: 302-535-6447

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Factory: PH: 315.736.8231 FAX: 315-736-7582

TRUSTED SINCE 1926
BONIDE

TRUSTED SINCE 1926
BONIDE



1500 North James Street
Rome, New York 13440

Gurinder Kaur MD
Hospitalist Medical Director

Phone: (315) 338-7414
Email: gkaur@romehospital.org



1500 North James Street
Rome, New York 13440

Ryan Thompson
Vice President and Chief Operating Officer

Phone: (315) 338-7508
E-mail: rtompson2@romehospital.org



1500 North James Street
Rome, New York 13440

Kelly J. Domizio, FASPR
Physician Recruiter

Phone: (315) 338-7059 Fax: (315) 338-7072
Email: kdomizio@romehospital.org
www.romehospital.org



1500 North James Street
Rome, New York 13440

Linda Lyon, RN, CN-BN
Nurse Navigator

Phone: (315) 338-7389 Fax: (315) 338-7094
E-Mail: llyon@romehospital.org



Camden Family Care
5 Masonic Ave.
Camden, New York 13316

Kristen Orts, FNP-C, IBCLC
Nurse Practitioner

Phone: (315) 338-7184 Fax: (315) 339-1975



1500 North James Street
Rome, New York 13440

Rebecca Benson, BA, AAS
Residential Healthcare Facility
Social Services

Phone: (315) 338-7305 Fax: (315) 338-7281
Email: rbenson@romehospital.org



1500 North James Street
Rome, New York 13440

Speech Therapy

Phone: (315) 338-7154 Fax: (315) 338-7417



Chester W. DiBari III
Executive Director
cdibari@romehospital.org | www.romehospitalfoundation.org

107E Chestnut Street | Rome, NY 13440
Phone | (315) 338-7181



- MEHRI DEL PINO, MD
- KRISLYN FLINT, MD
- JAMES PFEIFF, MD
- HAZEM QALLA, MD

Women's Health Associates

139 Fields Drive
 Oneida, NY 13421
 Phone (315) 363-9380
 Fax (315) 363-9382
 www.womenshealthoneida.com



*Trivalley Family
 Medicine-Vernon*

- John A. Wight, M.D.
- Erin W. Thompson, M.D.
- Deborah L. Meester, M.D.
- Andrew M. Wight, M.D.
- Matthew Siegenthaler, M.D.

3 Curtis Rd.
 P.O. Box 275
 Vernon, NY 13476
 Phone (315) 829-2220 Fax (315) 829-3955

Ultrasound



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 Bone Density
 Scanning

139 Fields Drive
 (Lower Rear)
 315-361-2345

ImageChecker
 Mammography



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 cleaning and sanitizing your
 room.

Should you have any housekeeping comments or
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M _____

HAS AN APPOINTMENT ON

- MON. TUES. WED. THUR. FRI.

DATE _____ AT _____ A.M.
 P.M.

EXAM PREPARATION _____

*Chittenango
 Internal Medicine*



ROBERT T. FRIEDMAN, MD

153 W. Genesee St.,
 NYS Route 5, Lower Level
 Chittenango, NY 13037
 Phone (315) 510-3677
 Fax (315) 510-3683
 www.oneidahealthcare.org



- ERIN THOMPSON, MD
- KEITH M. MARSHALL, MD
- MARCIA K. NEWSOM, MD
- MONICA DAVIS, P.A.

**Verona
 Health Center**

5547 W. Main Street
 Verona, NY 13478
 Phone (315) 363-3482
 Fax (315) 363-1597
 www.oneidahealthcare.org

M _____

HAS AN APPOINTMENT ON

_____ DAY MONTH DATE

WITH DR. _____

AT _____ A.M. _____ P.M.

IF UNABLE TO KEEP APPOINTMENT KINDLY GIVE 24 HOURS NOTICE



Providing
Health Care, Pension &
401k Benefits

Zachary M. Gehan
Retirement Plan Coordinator

Phone: 315-797-9600
Toll Free: 1-800-697-8329
Fax: 315-797-9664

5911 Airport Road
Oriskany, NY 13424
Email: zachary_gehan@ufcwny.com

United Food and Commercial Workers

Health Care Fund
Claims Service Unit
1-800-959-9497



Blake Yutzler
315.831.5551

11254 State Rte 12 • Boonville NY 13309

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JOHN COLEMAN
1010 Wisconsin Ave.
Suite 600 NW
Washington, DC 20007

Phone: 1-571-749-8116
Fax: 1-703-580-4486
Email: gesestimating@hotmail.com

GREEN IS THE FUTURE



JAIME MORAN
1010 Wisconsin Ave.
Suite 600 NW
Washington, DC 20007

Phone: 1-571-330-4072
Fax: 1-703-580-4486
Email: gesestimating@hotmail.com

GREEN IS THE FUTURE



ROLANDO LOZADA
1010 Wisconsin Ave.
Suite 600 NW
Washington, DC 20007

Phone: 1-571-749-8116
Fax: 1-703-580-4486

GREEN IS THE FUTURE



CLAUDIO EID
7361 A Lockport Place
Lorton, VA. 22079

Cell: 1-571-282-9486
Fax: 1-703-580-4486
Email: claudioeid@yahoo.com

GREEN IS THE FUTURE

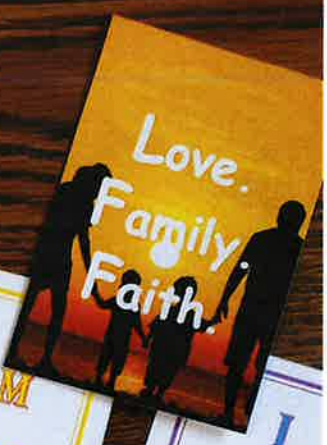
HYDRANT FLUSHING IN YOUR AREA
OF ROME WATER DEPARTMENT

IMPORTANT WATER INFORMATION

Any Questions Please call (315)339-7772
 After 3:30pm Please call (315)339-7777

HYDRANT FLUSHING HELPS CLEAN OUR WATER MAINS IT ALLOWS US TO DELIVER THE BEST WATER WE CAN.
 HYDRANT FLUSHING HELPS US TO MAINTAIN OUR HYDRANTS.

PROCEDURE FOR DIRTY WATER:
 • Run your COLD water in your bathtub until your water clears.



I AM FUN TO BE WITH

I AM A HELPER

Townsquare
 COMMERCIAL SERVICES
 180 West Main Street
 Rome, NY 13150
 (315) 339-7772

Townsquare
 COMMERCIAL SERVICES
 180 West Main Street
 Rome, NY 13150
 (315) 339-7772

Townsquare
 COMMERCIAL SERVICES
 180 West Main Street
 Rome, NY 13150
 (315) 339-7772

mr&ms hairstyling
 By Bobbi Walker

PHONE: (315) 339-7748
 225 W. EDWARDS STREET
 ROME, NY 13150

HATS OFF HAIR SALON
 8601 TURN ROAD
 ROME, NEW YORK 13440
 315-338-5646 • CELL: 315-281-5495
 TRACY POMINVILLE
 105 Lyndale Dr. 336-6312

mr&ms hairstyling
 By Linda Bonazzo

PHONE: (315) 331-1400
 400 W. EDWARDS STREET
 ROME, NY 13150

ERM Cleaning Services, LLC.
 Frank DePaolo

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 • Residential
 • Power Washing
 • Auto Detailing

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 Email: frank@ermcleaning.com

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 Hair Boutique

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 LINDA L. PFEIFER, M.D.
 Robert Pfeifer, M.D., M.P.

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 11 Lincoln St., Suite 200
 11 Lincoln St., Suite 200
 Albany, NY 12202

Carbone Auto Group
 Frank DeFazio
 Facilities Manager

2700 Nichols Street
 Rome, New York 13150

Phone: 315-724-4232 ext 200
 Fax: 315-724-4238
 Email: frank@carboneauto.com

RCIL
 Jamie Marshall
 Case Coordinator

34 West Main Street
 Rome, NY 13150

RCIL
 Dana Ellis Novinsky
 Director of Development

PO Box 21
 Rome, NY 13150

RCIL
 Patricia L. Brown
 Early Childhood Specialist

PO Box 110, Utica, New York 13501
 Phone: 315-723-1890
 Fax: 315-727-7665

Tim Madden, PT, DPT
 Doctor of Physical Therapy

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SMART - Smart Physical Therapy within Planet Fitness
 145 New Hartford St., New Hartford, NY • 733-1818

SMART FITNESS PHYSICAL THERAPY
 New Hartford, New York 13447
 (315) 793-1818

• Custom Tailored Assessments
 • Ready From Home

JOSEPH P. GIRUZZI, ESQ.
 ATTORNEY AT LAW

Tel: (315) 733-0471 ext. 24

301 Blenheim Street
 Utica, New York 13501



SECTION 4

CHECKS AND BANK FORMS



Twin Rivers Paper Company LLC
 501 West Main Street
 Little Falls, NY 13365
 USA

Phone (315) 823-2300
 Fax (315) 823-0867

000000

Invoice Number	Invoice Date	Twin Rivers Doc #		Gross Amount	Discount	Net Amount
SAMPLE						

CNY BUSINESS SOLUTIONS

DETACH FROM CHECK AND KEEP FOR YOUR RECORDS



Twin Rivers Paper Company LLC
 501 West Main Street
 Little Falls, NY 13365
 USA

Bank of America
Merrill Lynch
 Controlled Disbursement
 Bank of America, N.A.
 Atlanta, Dekalb County, Georgia

32-1
 1110 GL

000000

VOID AFTER 90 DAYS

ALBANY STEEL INC. ALBANY, NEW YORK 12204

084000

CNY BUSINESS SOLUTIONS 315-738-5031

THIS CHECK HAS A COLORED BACKGROUND AND CO

SECURITY FEATURES - SEE BACK FOR DETAILS

ALBANY STEEL INC.
566 BROADWAY MENANDS
ALBANY, NEW YORK 12204

BERKSHIRE BANK
30 SOUTH PEARL STREET
ALBANY, NY 12207

029-1691
2118

084000

SAMPLE

DATE

AMOUNT

PAY
TO THE
ORDER
OF:



AUTHORIZED SIGNATURE

THE FACE OF THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES

65859976
Account Number

No. **053150**

STATE OF NEW YORK

DEPARTMENT OF LABOR

UNEMPLOYMENT INSURANCE - REFUND ACCOUNT

JPMorgan Chase Bank N.A.
Columbus, OH

56-1544
441

PAY

TO ORDER OF PAYEE NAMED BELOW

LEWIS

MP



Payroll Deduction Auth/Change — Use Ballpoint Pen or Typewriter

Employee Name _____		Account No. _____
Payroll No. _____	Social Security No. _____	
FIRST CHOICE FINANCIAL FEDERAL CREDIT UNION		
TO PAYMASTER:		
I hereby authorize you to deduct the following amount from my pay:		
\$ _____ <input type="checkbox"/> each pay period OR <input type="checkbox"/> _____		
until further notice from me and transmit same currently to the above named CREDIT UNION.		
<input type="checkbox"/> Start <input type="checkbox"/> Change Effective Date ▶ _____		
Employee Signature _____		Date Signed _____

This deduction is to be credited as follows. SHARES \$ _____ SHARE DRAFTS \$ _____
 LOANS \$ _____ REAL ESTATE LOAN \$ _____ IRA ACCT. \$ _____
 CHRISTMAS CLUB \$ _____ VACATION CLUB \$ _____ OTHER _____ \$ _____
 SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PAYROLL DEDUCTION INFORMATION

I understand that I have the choice of paying loans directly or by means of payroll deduction. I understand that if funds are accumulated (the second box below is marked), I may withdraw them before they are credited to my loan account(s); but if I do that, I must make other arrangements to meet my scheduled loan payment(s).

Under the credit union payroll deduction plan, funds are

credited to my account(s) immediately when received in identifiable form.

accumulated from each payroll and credited to my account(s) _____

(credit union to specify time of crediting)
Member initials _____



Type of Deposit:

- Regular Savings
- Money Market
- Christmas
- Checking
- Other _____

Account: _____

Amount: _____

Signature: _____

Type of Withdrawal:

- Savings
- Money Market
- Checking
- Other _____

Account: _____

Amount: _____

Date: _____

Transfer: _____

From: _____

Acct. No. _____

To: _____

Acct. No. _____

Federally insured by NCUA. Some deposits may not be available for immediate withdrawal.

FIRST CHOICE FINANCIAL FEDERAL CREDIT UNION
CASH RECEIVED VOUCHER

CASH RECEIVED	
11	SHARES
12	FEES
16	FEES
50	LOAN PAYMENT
	TOTAL

PLEASE DO NOT WRITE BELOW THIS POINT.

RECEIVED BY:	MONEY ORDER	CASH	CHECK(S)
(Teller's Initials)			

*Checks are voided
Subject to collection*

THIS VOUCHER IS ISSUED AS A RECORD OF THIS TRANSACTION.
RETAIN IT UNTIL YOUR REGULAR STATEMENT IS RECEIVED.

DATE



MEMBERS
NAME
AND
NUMBER



SECTION 5

LABELS

BME
Office solutions made simple.

(315) 574-8BME
www.BMEcompany.com
service@bmecompany.com

EQUIPMENT ID#
MM - 1234

*****Outer Black/Pink Border Represents Labels Edge*****

Customer		Job Description		Color Breakdown		Rewind Direction Chart			
Date:	5/5/21	Size:	3 X 2 RCR	FRONT	BACK	Copy Positions 1-4 Labels Wound Out			
Customer:	CNY BUS. SOLUT	Material:	WHITE BOPP	<input type="checkbox"/> CMYK	<input type="checkbox"/> CMYK	REWIND #1	REWIND #2	REWIND #3	REWIND #4
Job Number:	2105099990000	Adhesive:	PERMANENT	<input checked="" type="checkbox"/> RED 185	<input type="checkbox"/>	NOT SPECIFIED			
Part Number:		Lamination:	SHINY	<input checked="" type="checkbox"/> BLACK	<input type="checkbox"/>	TOP OF COPY DISPENSES FIRST	BOTTOM OF COPY DISPENSES FIRST	RIGHT SIDE OF COPY DISPENSES FIRST	LEFT SIDE OF COPY DISPENSES FIRST
PO Number:		Varnish:		<input checked="" type="checkbox"/> PMS 106	<input type="checkbox"/>	Copy Positions 5-8 Labels Wound IN			
Quote:				<input type="checkbox"/>	<input type="checkbox"/>	REWIND #5	REWIND #6	REWIND #7	REWIND #8
Quantity:	500			<input type="checkbox"/>	<input type="checkbox"/>	TOP OF COPY DISPENSES FIRST	BOTTOM OF COPY DISPENSES FIRST	RIGHT SIDE OF COPY DISPENSES FIRST	LEFT SIDE OF COPY DISPENSES FIRST

Finishing Specs	Proof Approval	Customer Signature
<input type="checkbox"/> Singles <input checked="" type="checkbox"/> Rolls of <u>BEST</u> or Max. Roll Diameter of ____ " <input type="checkbox"/> Perforated <input type="checkbox"/> Back Score <input type="checkbox"/> Machine Application <input type="checkbox"/> ____" Cores <input type="checkbox"/> Hand Application	<input type="checkbox"/> Pdf Proof Approved <input type="checkbox"/> New Pdf Proof After Changes *See comments below <input type="checkbox"/> Pdf Approved w/changes *See comments below Comments:	 Date

Proof Authorization Form

Date: 1-12-14

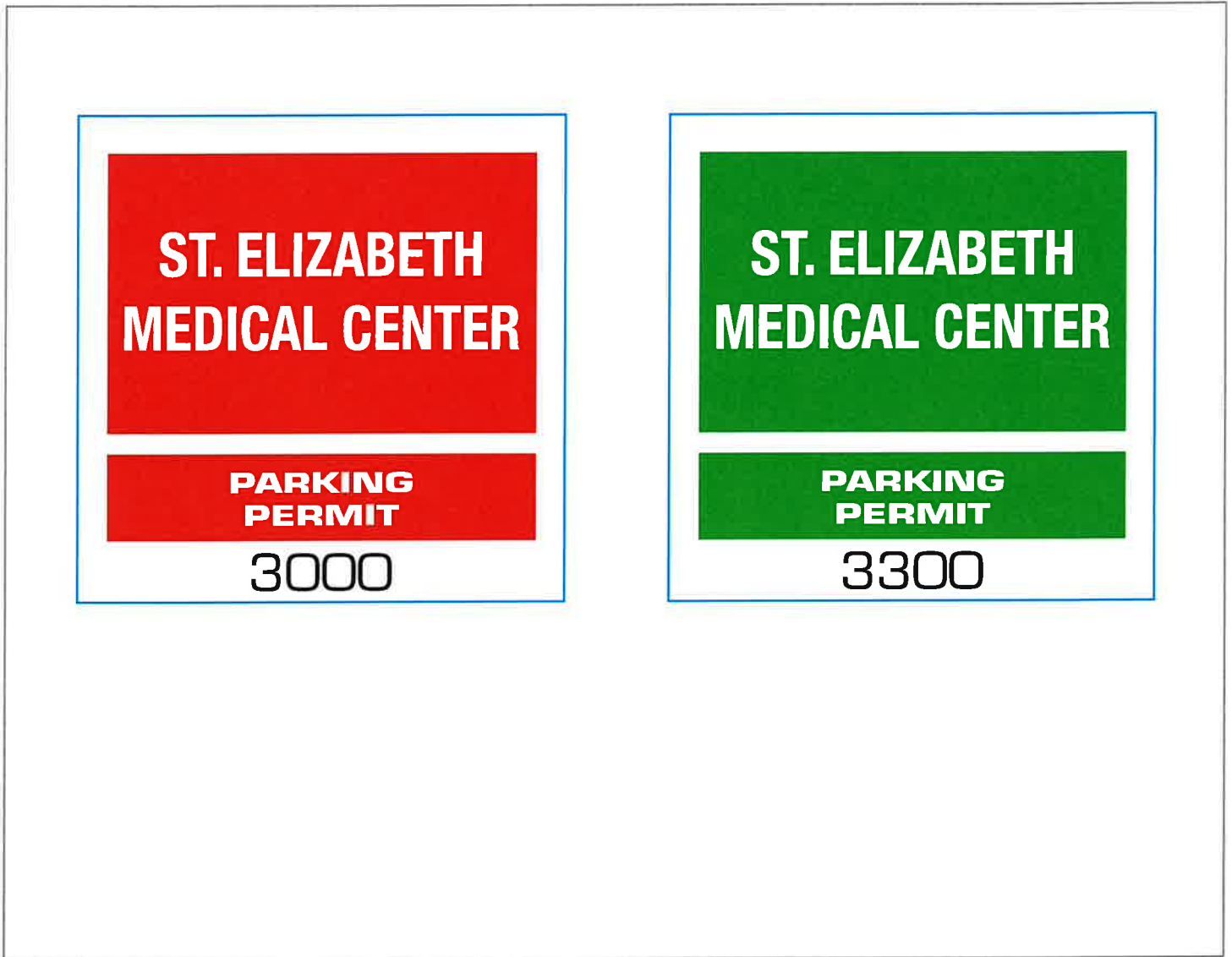
Account # 80997

P.O. # JD1915-STE

Barcode # 02710901001

Colors: Red, Green

Colors shown on proof are approximations of the true printed colors



WHEN CUSTOMER APPROVAL IS INDICATED, CUSTOMER ACCEPTS FULL RESPONSIBILITY FOR SPELLING, TYPESTYLE, PUNCTUATION, LAYOUT AND COLOR SEPARATION.

PLEASE ANSWER QUESTIONS BELOW:

THANK YOU FOR YOUR BUSINESS.

Proof Approved With No Changes

Proof Not Approved. (additional Proof Needed)

Proof Approved With Changes Listed

CHANGES: _____

CUSTOMER SIGNATURE: _____

BONIDE PRODUCTS, INC.

MAKING YOUR ENVIRONMENT COMFORTABLE
6301 SUTLIFF RD. · ORISKANY, N.Y. 13424

TO:

BONIDE PRODUCTS, INC.

MAKING YOUR ENVIRONMENT COMFORTABLE
6301 SUTLIFF RD. · ORISKANY, N.Y. 13424

TO:

BONIDE PRODUCTS, INC.

MAKING YOUR ENVIRONMENT COMFORTABLE
6301 SUTLIFF RD. · ORISKANY, N.Y. 13424

TO:

ALERT REFRIGERATE IMMEDIATELY

ACKNOWLEDGEMENT TIME

PATIENT ALERT

ALL-SHIFT

9:30 A.M.

SUBJECT

INDICATION NUMBER

MIDNIGHT

MIDDAY

DELIVER BY

CHECK, CHECK

NO REFILLS

P.R.N.

T.K.N.

REMOVE

P.M.

STY. STOPS

CHECK, CHECK

NEW YORK Department of Labor

The Department of Labor, on behalf of the State of New York, issues this

Certificate of Completion of Apprenticeship Training

to certify that

Joey Joe Joe Junior Shabadoo

Joey Joe Joe

State of New York
Department of Labor
Office of Apprenticeship

10072

KAPSTONE
CONTAINER CORPORATION
AMSTERDAM PLANT

GRADE A

DATE _____

WEIGHT _____

OFFICE

VINCENT MFG. CO., INC.
50 EAST 90th STREET
NEW YORK, N.Y. 10019



ST. ELIZABETH
MEDICAL CENTER

SETUP

Oneida Healthcare
EXCEPTIONAL CARE ALWAYS

Housekeeping

What You Can Expect Daily



MANUFACTURED BY

MONTHLY

G.V.W. Front

G.A.W.R. Front

THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE.

VIN

TYPE

MANUFACTURED BY

MONTHLY

G.V.W. Front

G.A.W.R. Front

THIS VEHICLE CONFORMS TO ALL APPLICABLE FEDERAL MOTOR VEHICLE SAFETY STANDARDS IN EFFECT ON THE DATE OF MANUFACTURE.

VIN

TYPE

BACK TO BACK

CUSTOMER

LAST ORDER #

READY TO RUN

REPAIR

CUSTOMER ORDER #

PROBLEM

KNIFE

SCOFF

RUBBER

OTHER

LOCATION OF PROBLEM

OPERATOR

SHIFT

DATE

Rebates on Crabgrass Preventer

Receive a more rebate gift coupon worth up to

\$20.00

\$3 \$3 \$10

4-Phase Annual Lawn Care Program

Purchase a 4-phase program and receive up to a

\$70.00 mail in rebate gift coupon

\$50 bags: \$15 Gift Coupon, 15M bags: \$35 Gift Coupon

CITY OF ROME

TAXICAB VEHICLE LICENSE

2012

Vehicle No. _____

CITY OF ROME

TAXICAB VEHICLE LICENSE

2012

Vehicle No. _____

E

00000



SECTION 6

LETTERHEAD & ENVELOPES

Frank C. DeRiso
Chairman, Board of Trustees

Michael R. Ciancaglini
Funds Administrative Director

Email: ufcwone@ufcwone.org



**5911 Airport Road
Oriskany, NY 13424
Phone: (315) 797-9600
Toll Free: 1-800-959-9497
Fax: (315) 797-9664
www.ufcwone.org**

Local One Benefit Funds

U N I T E D F O O D & C O M M E R C I A L W O R K E R S

Providing ~ Health Care, Pension and 401k Benefits



5911 Airport Road • Oriskany, NY 13424



125 Business Park Dr. • Utica, NY 13502 • p: 315-724-6907
An Affiliate of Upstate Caring Partners, Inc. • upstatecp.org

everyday miracles...

It's Who We Are, It's How We Work, It's How Much We Care!

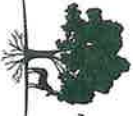
Standard Window
size: 1 1/8" x 4 1/2"
7/8" from left; 1/2" from bottom



LIVE. LEARN. GROW.

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An Affiliate of Upstate Carling Partners, Inc.



THE ROOT
farm

2860 King Road, Saugquoit, NY 13456

LIVE. LEARN. GROW.
An Affiliate of Upstate Caring Partners, Inc.



Herkimer
THE STATE UNIVERSITY OF NEW YORK

100 Reservoir Road
Herkimer, New York 13350

(315) 866-0300
(844) GO4-HERK

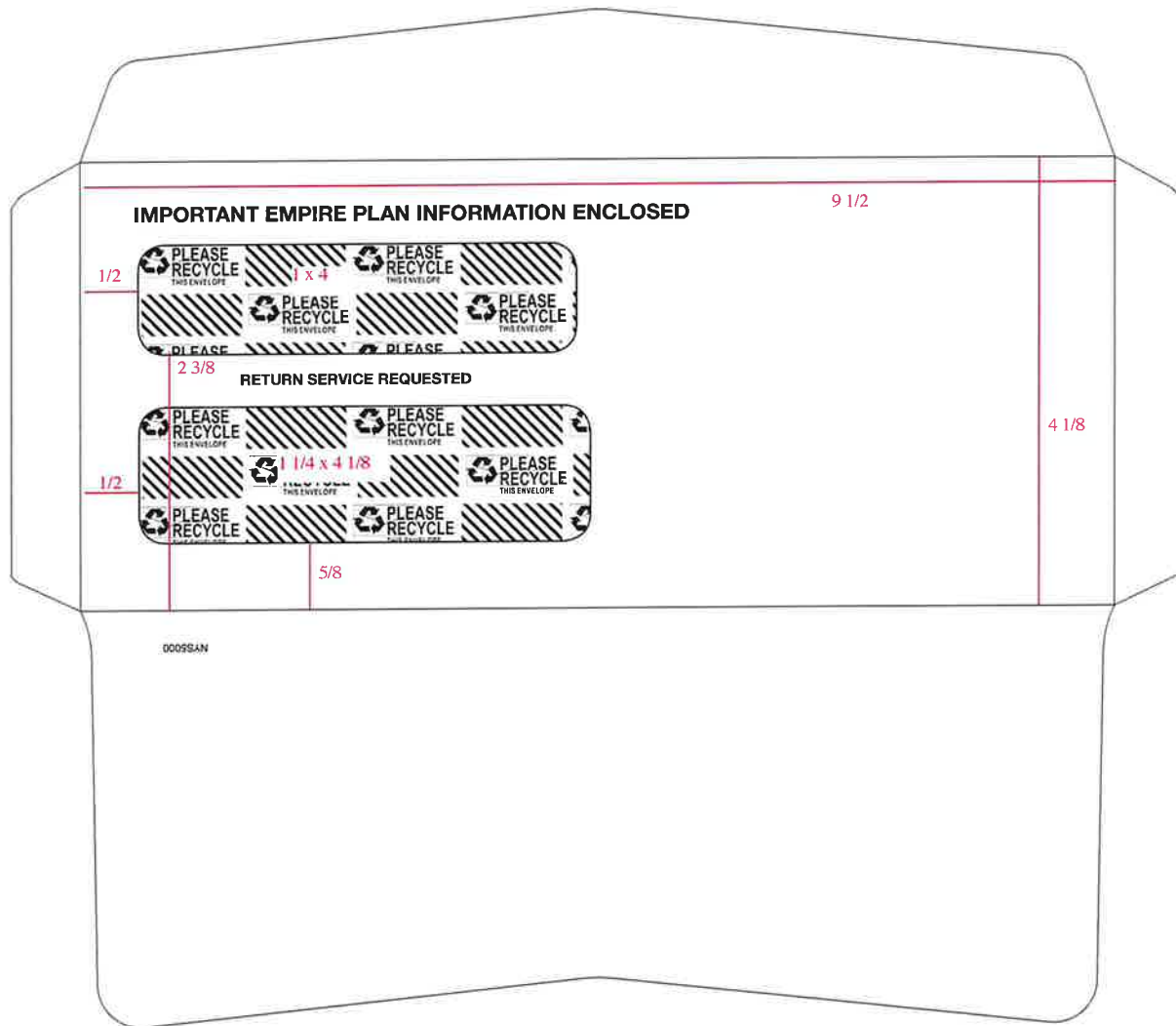
herkimer.edu



Herkimer
THE STATE UNIVERSITY OF NEW YORK

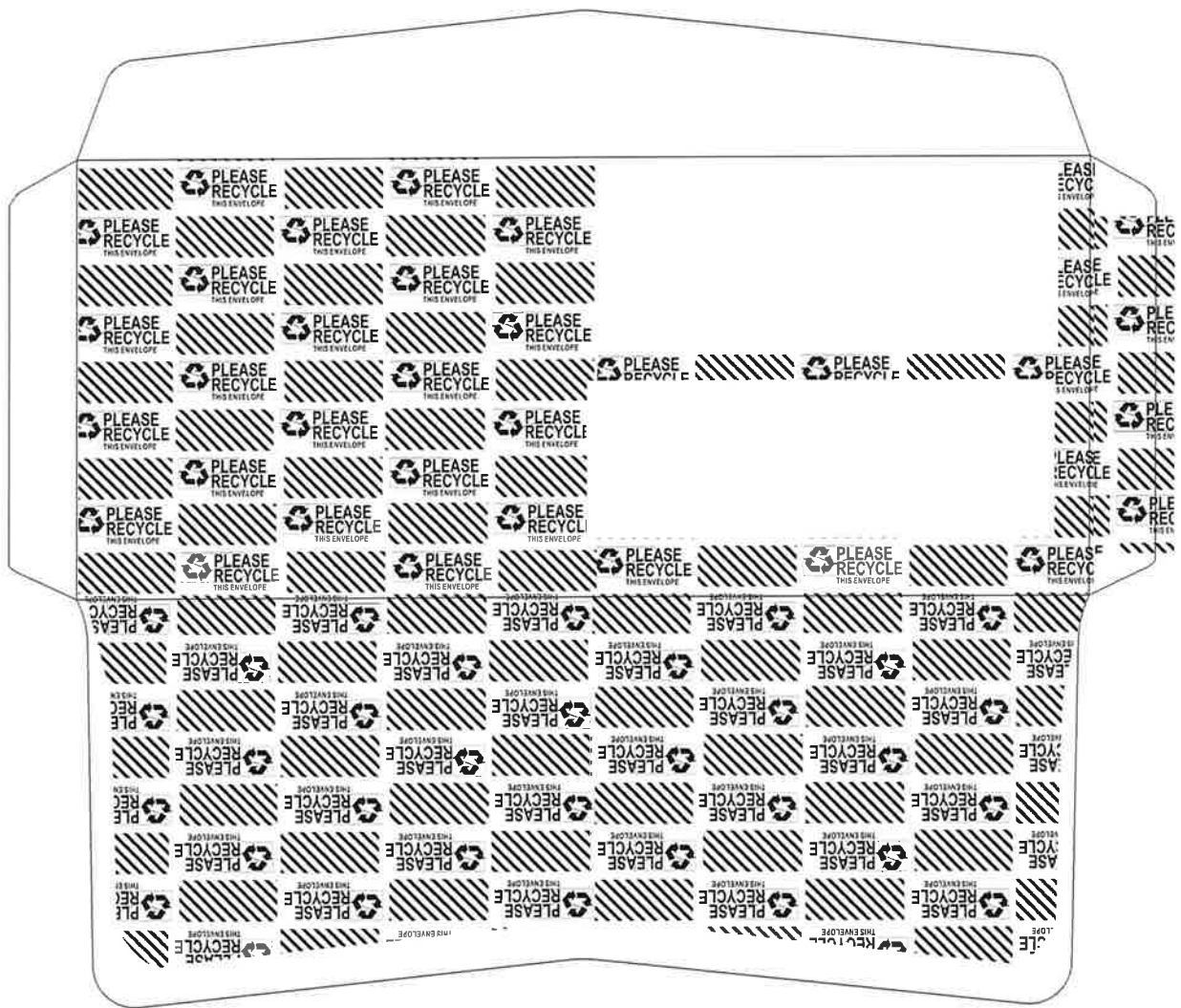
100 Reservoir Road | Herkimer, New York 13350

**Standard Window
size: 1¹/₈"x4¹/₂"
7/8" from left; 1/2" from bottom**



PROOF DATE 4/27/15 FORM NUMBER NY55000 CLIENT CNY BUSINESS SOLUTIONS QTY CSR B BASSETT
 ENV SIZE/STYLE 4-1/8" x 9-1/2" OS551 TOOLING/DIE D29 PAPER 24#WW INK/COLORS BLACK
 WINDOW #1 1" x 4" L 1/2" B 2 3/8" WINDOW #2 1-1/4" x 4-1/8" L 1/2" B 5/8" WINDOW #3
 APPROVED AS IS WITH CHANGES CORRECT & RE-PROOF BY _____ DATE _____
 NOTES: FLEXP FRONT, BACK & LINER IN BLACK

Double Envelops ATTENTION: THIS PROOF IS FOR COLOR SEPARATION, COPY AND PLACEMENT ONLY. YOUR APPROVAL INSTRUCTS US TO PROCEED WITH THIS PROJECT AS-IS PER YOUR SIGNED REQUEST OR AS SPECIFICALLY INDICATED BY THE "APPROVED WITH CHANGES" INFORMATION FURNISHED BY YOU ABOVE.
 Florida | Indiana | Maryland | Virginia





SECTION 7

MEDICAL FORMS

***502 Court Street Suite 206 • Utica, NY 13502
315.733.5031 • 315.733.4436 Fax***

WAIT & CALL # _____

CALL REPORT # _____

YOU MUST BRING THIS PAPER WITH YOU OR YOUR EXAM CANNOT BE PERFORMED.

DEPARTMENT OF RADIOLOGY

↓ PLEASE CHECK APPROPRIATE BOX FOR LOCATION.

PATIENT'S NAME:		D.O.B.:
DATE/TIME OF EXAM:	AUTH #/EXP DATE	
PHYSICIAN:	ICD-10 CODE	
CLINICAL HISTORY & DIAGNOSIS:	CPT CODE	
	COS	
PHYSICIAN'S SIGNATURE / DATE:		



EXCEPTIONAL CARE ... ALWAYS

SEE BACK FOR ADDRESSES & PHONE NUMBERS



on the Hospital Campus



Camden

SCHEDULING: (315) 361-2290 (option 2)

X-RAY		MRI (Imaging)	MRA (Angiography)
HEAD	PELVIS & LOWER EXTREMITY	BRAIN	BRAIN
FACIAL BONES	HIP/PELVIS <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	<input type="checkbox"/> IAC <input type="checkbox"/> ORBITS	CAROTID
MANDIBLE	FEMUR <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	BREAST	RUNOFF: _____
NASAL BONES	KNEE <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	CERVICAL SPINE	ABDOMEN AREA: _____
ORBITS	LOWER LEG (TIBIA/FIBULA) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	THORACIC SPINE	PELVIS: _____
SINUSES	ANKLE <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	LUMBAR SPINE	LOWER EXT: <input type="checkbox"/> Left <input type="checkbox"/> Right
SKULL	FOOT <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	SHOULDER <input type="checkbox"/> Left <input type="checkbox"/> Right	OTHER: _____
OTHER:	TOE _____ <input type="checkbox"/> Left <input type="checkbox"/> Right	KNEE <input type="checkbox"/> Left <input type="checkbox"/> Right	
CHEST / THORAX	GI/TRACT	HIP <input type="checkbox"/> Left <input type="checkbox"/> Right	ULTRASOUND
CHEST, 2 VIEWS (PA & LAT)	HEEL (OS CALCIS) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	UPPER EXT: Area _____	* ABDOMEN, COMPLETE
CHEST, 3 VIEWS (PA, LAT & APICAL-LORD)	INFANT EXTREMITY <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	LOWER EXT: Area _____	* ABD LTD (LIVER, GB, PANCREAS)
RIBS <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	ESOPHAGUS/BARIUM SWALLOW	ABD: Area _____	* AORTA
SOFT-TISSUE NECK	VIDEO SWALLOW w/Speech Therapist	PELVIS: <input type="checkbox"/> Uterine Study	BREAST Left _____ Right _____
STERNUM	* UPPER GI SERIES	MRCP	* OB - 1ST TRIMESTER
OTHER:	* SMALL BOWEL	OTHER: Specify	* OB - 2ND & 3RD TRIMESTERS COMPLETE
SHOULDER & UPPER EXTREMITY	* BARIUM ENEMA		OB - FOLLOW-UP: CHECK GROWTH
ACROMIOCLAVICULAR JOINTS	URINARY TRACT	NUCLEAR MEDICINE	* LTD OB: AFI/EFW
CLAVICLE <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	* IVP	BONE SCAN (WHOLE BODY)	* PELVIS (TRANS VAG AND/OR DOPPLER IF NEEDED)
SHOULDER <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	(VOIDING) CYSTOURETHROGRAM	LIMITED BONE SCAN	* TRANSVAG PELVIS <input type="checkbox"/> GYN <input type="checkbox"/> OB
HUMERUS <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	MAMMOGRAPHY	* HIDA with EF	* RENAL AND BLADDER
ELBOW <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	BILATERAL DIAGNOSTIC	* HIDA SCAN (NO EF)	SOFT TISSUE AREA _____
FOREARM <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	(US Breast(s) if Needed)	* RENAL SCAN	TESTICULAR
WRIST <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	BILATERAL SCREENING	GFR	THYROID
HAND <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	(US Breast(s) if Needed)	DIURETIC	DOPPLER EXAMS
FINGER _____ <input type="checkbox"/> Left <input type="checkbox"/> Right	UNILATERAL DIAGNOSTIC <input type="checkbox"/> Left <input type="checkbox"/> Right	CAPTAPRIL (HYPERTENSION)	CAROTID
INFANT EXTREMITY <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	(US Breast(s) if Needed)	* PARATHYROID SCAN	Upper Peripheral Venous <input type="checkbox"/> Left <input type="checkbox"/> Right
BONE AGE	STEREOTACTIC BIOPSY	* THYROID SCAN WITH UPTAKE	Lower Peripheral Venous <input type="checkbox"/> Left <input type="checkbox"/> Right
OTHER:	CT SCAN	THYROID SCAN WITHOUT UPTAKE	Upper Arterial <input type="checkbox"/> Left <input type="checkbox"/> Right
SPINE	CREATININE _____	* GASTRIC EMPTYING	Lower Arterial <input type="checkbox"/> Left <input type="checkbox"/> Right
CERVICAL	DATE _____	LUNG V/Q (VENTILATION/PERFUSION)	* ABDOMINAL DOPPLER EXAMS
THORACIC (DORSAL)	BRAIN/SKULL	LUNG QUANTIFICATION	What Area:
LUMBOSACRAL	SINUSES	TUMOR LOCALIZATION w/ SPECT	<input type="checkbox"/> Renal Arteries
SACRUM / COCCYX	SOFT TISSUE NECK	(specify type):	<input type="checkbox"/> Mesenteric Arteries
DEXA (BONE DENSITOMETRY)	CERVICAL SPINE	ABSCCESS LOCALIZATION w/ SPECT	<input type="checkbox"/> Portal Veins
(LIMITED IF NEEDED)	THORACIC SPINE	(specify type):	OTHER:
DEXA VERTEBRAL FRACTURE ASSESSMENT	LUMBAR SPINE	OTHER:	
BODY COMPOSITION (BMI)	CHEST/THORAX		
SCOLIOSIS	ABDOMEN		
ABDOMEN	PELVIS	SPECIAL PROCEDURES	
KUB (1 VIEW)	CT ANGIOGRAPHY WITH RECONSTRUCTION	* ARTHROGRAM SITE:	
OBSTRUCTIVE SERIES (KUB & ERECT)	AREA _____		
OTHER:	OTHER		



PATIENT'S NAME _____

OP# _____

OUTPATIENT LABORATORY SERVICE HOURS: Monday thru Friday 7:00 AM to 5:30 PM, Saturday 8:00 AM to 12:00 PM

*** BOLDDED ITEMS ARE SUBJECT TO MEDICARE REVIEW POLICIES. DIAGNOSIS MUST SUPPORT MEDICAL NECESSITY FOR EACH TEST ORDERED. ONLY TESTS THAT MEET MEDICARE'S MEDICAL NECESSITY STANDARDS SHOULD BE ORDERED AND SUBMITTED FOR REIMBURSEMENT.**

- ICD-9 Code** **CHEMISTRY**
- _____ Albumin
 - _____ Alkaline Phosphatase
 - _____ ALT (S-GPT)
 - _____ ***Amylase**
 - _____ AST (S-GOT)
 - _____ BUN
 - _____ CA-125
 - _____ ***Calcium (Ca)**
 - _____ ***CEA**
 - _____ ***Cholesterol**
 - _____ CK (CPK)
 - _____ Creatinine
 - _____ CRP-HS
 - _____ Direct Bilirubin
 - _____ ***Ferritin**
 - _____ Folate
 - _____ Free PSA
 - _____ FSH
 - _____ ***GGT**
 - _____ ***Glucose - 1 Hr. PP**
 - _____ ***Glucose - 2 Hr. PP**
 - _____ ***Glucose (fasting)**
 - _____ ***Glucose Tolerance - 3 Hr.**
 - _____ ***Glucose Tolerance - 5 Hr.**
 - _____ ***Glycohemoglobin (Hgb A.C)**
 - _____ ***HDL Cholesterol**
 - _____ ***Hepatitis Panel**
 - _____ Hep B Surface Ab
 - _____ Hep B Surface Ag
 - _____ IgG, A, M
 - _____ Insulin
 - _____ ***Ionized Calcium**
 - _____ ***Iron (Fe)**
 - _____ Lactic Acid
 - _____ LDH
 - _____ LH
 - _____ Lipase
 - _____ ***Magnesium (Mg)**
 - _____ Myoglobin
 - _____ Parathyroid Hormone (PTH)
 - _____ ***Phosphorus (P)**
 - _____ ***Potassium (K)**
 - _____ Pro-BNP
 - _____ Prolactin
 - _____ ***Prostate Specific Antigen (PSA)**
 - _____ Indicate Dx: Diagnostic Screening
 - _____ PSA with FPSA Reflex
 - _____ PTH, Intact
 - _____ Serum Protein Electrophoresis
 - _____ ***T.I.B.C.**
 - _____ Testosterone
 - _____ Total Bilirubin
 - _____ Total Protein
 - _____ ***Triglyceride**
 - _____ Troponin T
 - _____ Uric Acid
 - _____ Vitamin B12
 - _____ Vitamin D, 25-Hydroxy

- COAGULATION**
- _____ D-Dimer _____
 - _____ Fibrinogen _____
 - _____ ***PT/INR** _____
 - _____ ***PTT** _____

- ICD-9 Code** **URINE CHEMISTRY**
- _____ Calcium - 24 Hours
 - _____ Creatinine - 24 Hours
 - _____ Creatinine Clearance-HT _____ WT _____
 - _____ Electrolytes
 - _____ Microalbumin (random urine)
 - _____ Microalbumin/Creatinine Ratio
 - _____ Protein - 24 Hours
 - _____ Uric Acid - 24 Hours
 - _____ ***Urinalysis - Routine**
 - _____ ***Urinalysis - Reflex to Culture** (Must be Clean Catch)
 - _____ Urine Protein Electrophoresis

- SEROLOGY**
- _____ ASO
 - _____ Monospot-Screen
 - _____ RA Factor
 - _____ ***RPR**
 - _____ Rubella

- "MEDICARE APPROVED" PANELS**
- _____ Basic Metabolic (Electrolytes + Glu., BUN, Creat., Anion Gap, Calcium)
 - _____ Comprehensive Metabolic (Basic Metabolic + Albumin, Total Bilirubin, Alk. Phos., Total Protein, ALT, AST)
 - _____ Electrolytes (Na, K, Cl, CO₂, Anion Gap)
 - _____ Hepatic Function (Albumin, Total Bilirubin, Direct Bilirubin, Alkaline Phos., AST, ALT, Total Protein)
 - _____ ***Lipid (Chol. Trig. HDL, LDL)**
 - _____ Prenatal (CBC, HbSag, Rubella, RPR, T/S)

- THYROID**
- _____ ***TSH**
 - _____ ***Free T4**
 - _____ ***Total T3**
 - _____ ***Total T4**

- IMMUNO-HEMATOLOGY**
- _____ ABO + Rh
 - _____ Antibody Screen
 - _____ Direct Antiglobulin Test
 - _____ Type & Cross Match: No. of Units: _____
 - _____ Type & Screen (Preoperative)

- REFERENCE TESTS**
- _____ Acid Fast (TB) Culture / Acid Fast Smear
 - _____ ***Alpha-Feto Protein (AFP) Extra**
 - _____ ANA Screen Only
 - _____ ANA w/reflex
 - _____ ANA (Quantitative by EIA)
 - _____ Cellac Profile
 - _____ Chlamydia, Amplified DNA Probe Swab Urine
 - _____ GC, Amplified DNA Probe Swab Urine
 - _____ H. Pylori
 - _____ Herpes Culture
 - _____ Hemoglobin Electrophoresis
 - _____ HIV Screen w/reflex
 - _____ Lead
 - _____ Lithium
 - _____ Urine Drug Screen w/reflex
 - _____ RAST-Panel Type: _____
 - _____ ***Transferrin**
 - _____ VADNA

- ICD-9 Code** **OB-GYN**
- _____ ***Quantitative Serum - Pregnancy Test**
 - _____ ***Qualitative Serum - Pregnancy Test**
 - _____ ***Qualitative Urine - Pregnancy Test**

- MICROBIOLOGY**
- (All positive microbiology cultures will include a sensitivity if a sensitivity is appropriate for organism(s) isolated. If ordering physician DOES NOT WANT a sensitivity, clearly mark an "X" in this box.)
- _____ Anaerobic Culture
 - _____ Bronchial Washings / Gram Stain
 - _____ ***Blood Culture**
 - _____ CLOTtest
 - _____ CSF Culture / Gram Stain
 - _____ Ear Culture
 - _____ Eye Culture
 - _____ Fluid Culture / Gram Stain
 - _____ Fungus Culture
 - _____ Gastrocult
 - _____ Genital Culture
 - _____ Group B Strep Screen
 - _____ Influenza A / B Antigen
 - _____ Miscellaneous Culture
 - _____ Rapid Strep (Group A Strep Antigen)
 - _____ RSV
 - _____ Sinus Drainage
 - _____ Sputum Culture / Gram Stain
 - _____ Staph Screen
 - _____ Throat Culture
 - _____ Throat Screen (Group A Strep)
 - _____ Tracheal Aspirate
 - _____ ***Urine Culture** (Must be Clean Catch)
 - _____ VRE Screen
 - _____ Wound Culture Non Surgical
 - _____ Wound Culture Post Surgical

- FECAL TESTS**
- _____ Clostridium Difficile
 - _____ Fecal pH
 - _____ Fecal Reducing Substances
 - _____ Fecal Stain for WBC's
 - _____ ***Occult Blood/Colorectal Screening**
 - _____ ***Occult Blood/Non-Colorectal Screening**
 - _____ Ova & Parasites (Cryptosporidium & Giardia)
 - _____ Collection Kit Required
 - _____ Rotavirus
 - _____ Stool Culture

- MICROSCOPIC**
- _____ Arthropod ID
 - _____ Gram Stain
 - _____ KOH Prep
 - _____ Pin Worm Prep
 - _____ Post-Vas Semen Analysis
 - _____ Wet Mount for Trichomonas
 - _____ Worm ID

OTHER TESTS

DIAGNOSIS: _____

SPECIMEN SOURCE _____

COLLECTION DATE _____

COLLECTION TIME _____

- THERAPEUTIC DRUG ANALYSIS:**
- _____ Carbamazepine (Tegretol) _____
 - _____ ***Digoxin** _____
 - _____ Phenobarbital _____
 - _____ Phenytoin (Dilantin) _____
 - _____ Valproic Acid (Depakote) _____

- HEMATOLOGY**
- _____ ***CBC (with diff.)**
 - _____ ***Hematocrit**
 - _____ ***Hemoglobin**
 - _____ Hemogram (CBC w/o diff.)
 - _____ ***Reticulocyte Count**
 - _____ ***Sed. Rate**

Phlebotomy Service Also Available at Satellite Draw Stations Located at:

- 447 North Main Street, Oneida ph. 363-1437
- 600 Seneca Street, Oneida ph. 361-5407
- 9562 State Route 13 (Harden Boulevard), Camden ph. 245-1388
- 201 Genesee Street, Chittenango ph. 687-6687
- 102 South Peterboro Street, Canastota ph. 697-2010

M-W & F: 6 AM - 2PM, TH: 6 AM - 9:30 AM DATE WRITTEN _____

M.D. SIGNATURE _____ **PHYSICIAN MUST SIGN REQUISITION WITH ORIGINAL SIGNATURE.** DATE OF LAB SERVICE _____

THE LABORATORY EXAMINES SPECIMENS ONLY AT THE WRITTEN REQUEST OF PRACTITIONERS.

PHYSICIAN: PLEASE INDICATE REASON FOR VISIT, SUCH AS SIGNS, SYMPTOMS, OR DEFINITIVE DIAGNOSIS. DO NOT WRITE "RULE OUT" OR "SUSPECTED DIAGNOSIS".

MEDICATION ADMINISTRATION RECORD

See reverse side for verifying signature and instructions.

Facility Name

Period

		HOURS																																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Rx Number																																			
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Allergies _____ Diet _____
 Diagnosis _____
 Resident Name _____ Room/Bed/Wing _____ Med. Record # _____ Admission Date _____ Date of Birth _____ Sex _____ Physician Name _____
 Page No. _____

A. Put initials in appropriate box when medication given.
 B. Circle initials when medication refused.
 C. State reason for refusal.
 D. PRN Medications: Reason given and results must be noted.
 E. Indicate site of injection with appropriate number (see below):
 Injection site
 1. BUTTOCKS (Gluteus) left
 2. BUTTOCKS (Gluteus) right
 3. ARM (Dorsal) left
 4. ARM (Dorsal) right
 5. THIGH (Quadriceps) left
 6. THIGH (Quadriceps) right
 7. ABDOMEN left
 8. ABDOMEN right
 9. UPPER BACK (left)
 10. UPPER BACK (right)
 11. UPPER CHEST (left)
 12. UPPER CHEST (right)

STEP 1: PRINT
 Print ahead on laser or laser compatible

STEP 2: SEPARATE
 Push down on the end opposite LASER BAND LASER BAND.

STEP 3: FOLD
 Fold in center of wristband, RY (indicated) and ensure band has smooth end to the right.

STEP 4: SECURE
 Place wristband perpendicular around wrist. Secure with adhesive tabs.

THE ORIGINAL **LASER BAND**
 Make No Mistake

www.laserband.com
 1-800-398-0026

Self-Labeling Wrist Band

Self-Labeling Wrist Band

PLS-0010C

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FACILITY NAME _____

PHYSICIAN'S ORDERS

ADDRESS _____

CITY-STATE-ZIP _____

PATIENT'S NAME _____ RM # _____ PATIENT'S NUMBER _____

NURSING HOME NAME & UNIT _____

ORDER TAKEN BY _____ DATE / / TIME _____ PRESCRIBER _____

PHYSICIAN'S SIGNATURE _____ DATE / /

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "d a w" IN THE BOX BELOW

Dispense As Written

PATIENT'S NAME _____ RM # _____ PATIENT'S NUMBER _____

NURSING HOME NAME & UNIT _____

ORDER TAKEN BY _____ DATE / / TIME _____ PRESCRIBER _____

PHYSICIAN'S SIGNATURE _____ DATE / /

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "d a w" IN THE BOX BELOW

Dispense As Written

PATIENT'S NAME _____ RM # _____ PATIENT'S NUMBER _____

NURSING HOME NAME & UNIT _____

ORDER TAKEN BY _____ DATE / / TIME _____ PRESCRIBER _____

PHYSICIAN'S SIGNATURE _____ DATE / /

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "d a w" IN THE BOX BELOW

Dispense As Written

AUBURN SENIOR SERVICES - AUBURN, N.Y.

**PRINT
ALL
INFORMATION**

**ATTACH TAG
SECURELY
TO PATIENT**

NAME _____

ROOM NO. _____ DATE OF BIRTH _____ RELIGION _____

NOTIFY IN CASE OF EMERGENCY:

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____

MEDICARE NUMBER _____ MEDICAID NUMBER _____ PHYSICIAN _____

DIAGNOSIS:

TRANSFERRED TO _____

DATE _____ TIME _____ MODE OF TRANSPORT _____

AUBURN SENIOR SERVICES - AUBURN, N.Y.

**PRINT
ALL
INFORMATION**

**ATTACH TAG
SECURELY
TO PATIENT**

NAME _____

ROOM NO. _____ DATE OF BIRTH _____ RELIGION _____

NOTIFY IN CASE OF EMERGENCY:

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____

MEDICARE NUMBER _____ MEDICAID NUMBER _____ PHYSICIAN _____

DIAGNOSIS:

TRANSFERRED TO _____

DATE _____ TIME _____ MODE OF TRANSPORT _____

COPY FOR OFFICE

COPY FOR NURSING UNIT

MEDICATIONS:

DIET

TREATMENTS:

DISASTER TAG

KEEP ATTACHED TO PATIENT. MAY BE REMOVED IF PATIENT IS SENT HOME.
(OVER)

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PROGRESS NOTES LABORATORY IMAGING CONSULTATION

2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022

EMPLOYEE'S PERSONNEL RECORD

SECURITY CLEARANCE: _____ DATE: _____

PAYROLL DATA

EMPLOYEE: _____ SOCIAL SECURITY: _____

GENERAL SERVICE: _____ STATE: _____

DEPARTMENT: _____ POSITION: _____

GENERAL INFORMATION

NAME: _____ TITLE: _____

DATE OF BIRTH: _____

DATE OF ENTRY: _____

EMPLOYMENT RECORD

EFFECTIVE DATE	CLASSIFICATION	DEPARTMENT COST CENTER	RATE OF PAY		REASON FOR CHANGE
			AMOUNT	PER	

PROGRESS NOTES LABORATORY IMAGING CONSULTATION

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jen@cnybusinesssolutions.com
315.733.5031 • 315.733.4436 Fax
502 Court Street Suite 206 • Utica, NY 13502



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Direct Line: 315-733-4607



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CNY Business Solutions

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- Note Cards
- Invitations/Thank yous
- Brochures

Labels

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- Permanent Adhesive
- Removable Adhesive
- Specialty Labels

Forms

- Continuous
- Integrated
- Pads
- Health Care
- Cut Sheet

Booklets

- Perfect binding
- Saddle Stitch
- AD Booklet
- Handbook
- GBC

AD Specialty Items

- Pens/Pencils
- Cups/Mugs
- Bandage Dispenser
- Magnets
- Table Clothes
- Cling Ons
- Key Chains
- Koozies
- Pads/ Post it Notes
- Calendars

Envelopes

- Regular Gum
- Self Seal
- Peel and Seal
- Many envelope sizes available
- Window Envelopes
- Specialty Envelopes

Checks

- Continuous
- Multi Safety Feature
- Laser
- Multi-Part
- Booklet Checks

Multi-Part Forms

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- Receipts
- Quotes
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Miscellaneous

- Business Cards
- Posters
- Raffle Tickets

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