## **True Laboratories LLC**

Oak Forest, IL. 60452. Tel No (708) 620-5790. Fax No (708) 620-5215

PATIENT FIRST     fer     CLINIC/AGENCY NAME :     harman       DATE OF BIRTH :     06-01-2017     OFFICE NUMBER :        AGE :     0     FAX NUMBER :     4567890       GENDER :     male     ADDRESS :     chd.chd       PHONE NUMBER :     45454     CITY, STATE, ZIP CODE :     chd.punjab,Punjab,160601       ADDRESS :     efrfer     DOCTOR NAME :     harman       ADDRESS2 :     efrfer     DOCTOR NPI NO :     12345       CITY, STATE, ZIP CODE :     SIGNATURE :     LISA45	PATIENT LAST NAME :	refer	REQUEST DATE :	2017-06-01
BIRTH	FIRST	fer	CLINIC/AGENCY NAME :	harman
GENDER: male ADDRESS: chd,chd  PHONE NUMBER: 45454 CITY, STATE, ZIP CODE: chd,punjab,160601  ADDRESS: efrfer DOCTOR NAME: harman  ADDRESS2: efrfer DOCTOR NPI NO.: 12345  CITY, STATE, ZIP fferf,refrf,543534 DOCTOR/REPRESENTATIVE CICANATURE:		06-01-2017	OFFICE NUMBER :	
PHONE NUMBER: 45454 CITY, STATE, ZIP CODE: chd,punjab,160601  ADDRESS: efrfer DOCTOR NAME: harman  ADDRESS2: efrfer DOCTOR NPI NO.: 12345	AGE :	0	FAX NUMBER :	4567890
NUMBER: 45454 CITY, STATE, ZIP CODE: Cnd,punjab,160601  ADDRESS: efrfer DOCTOR NAME: harman  ADDRESS2: efrfer DOCTOR NPI NO.: 12345  CITY, STATE, ZIP fferf,refrf,543534 DOCTOR/REPRESENTATIVE STATE, ZIP fferf,refrf,543534	GENDER :	male	ADDRESS :	chd,chd
ETTER DOCTOR NAME: Narman  ADDRESS2 efrfer DOCTOR NPI NO.: 12345  CITY, STATE, ZIP fferf,refrf,543534 DOCTOR/REPRESENTATIVE STATE, ZIP Fferf,refrf,543534		45454	CITY, STATE, ZIP CODE :	chd,punjab,Punjab,160601
CITY, STATE, ZIP fferf,refrf,543534  DOCTOR/REPRESENTATIVE SIGNATURE:		efrfer	DOCTOR NAME :	harman
STATE, ZIP   fferf,refrf,543534   SIGNATURE		efrfer	DOCTOR NPI NO. :	12345
	STATE, ZIP	fferf,refrf,543534		
DIAGNOSIS (ICD 10):	DIAGNOSIS (ICD 10):			
SPECIAL INSTRUCION : fgfdgf	SPECIAL INSTRUCION :		fgfdgf	

□blood ⊠PT/INR □A1C

I AUTHORIZE THE RELEASE OF MY INSURANCE CARRIER OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM AND I AUTHORIZE PAYMENT OF MEDICAL BENEFITS DIRECTLY TO TRUE LABORATORIES LLC.

PATIENT'S SIGNATURE

