


True Laboratories LLC

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

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|--------------------------------|------------------|--------------------------------------|--|
| PATIENT LAST NAME : | test | REQUEST DATE : | 2017-07-24 |
| PATIENT FIRST NAME : | test | CLINIC/AGENCY NAME : | qwerty agency |
| DOB : | 2017-05-09 | OFFICE NUMBER : | 5437567867898 |
| AGE : | 0 | FAX NUMBER : | 75786789 |
| GENDER : | male | ADDRESS : | a1,a2 |
| PHONE NUMBER : | 9808765456 | CITY, STATE, ZIP CODE : | ddf,dfdff,frff |
| ADDRESS : | test | DOCTOR NAME : | vipul |
| ADDRESS2 : | test | DOCTOR NPI NO. : | 66655676 |
| PATIENT INSURANCE NAME : | test | PATIENT INSURANCE NO. : | 6787654567 |
| CITY, STATE, ZIP CODE : | test,test,123456 | DOCTOR/REPRESENTATIVE SIGNATURE : |  |
| DIAGNOSIS (ICD 10) : | Dia | | |
| SPECIAL INSTRUCTION : | testing | | |

☐PT/INR

☒AIC

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

