


# True Laboratories LLC

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

PATIENT LAST NAME :	LastName4	REQUEST DATE :	2017-06-14
PATIENT FIRST NAME :	Patient4	CLINIC/AGENCY NAME :	future agency
DATE OF BIRTH :	1930-06-09	OFFICE NUMBER :	2
AGE :	87	FAX NUMBER :	987654321
GENDER :	male	ADDRESS :	123 Sesame St,
PHONE NUMBER :	212	CITY, STATE, ZIP CODE :	Manila,NY,123456
ADDRESS :		DOCTOR NAME :	testing
ADDRESS2 :		DOCTOR NPI NO. :	54
CITY, STATE, ZIP CODE :	123,12,121	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	DM; Hypertension		
SPECIAL INSTRUCION :	Test		

☒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