


True Laboratories LLC

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

PATIENT LAST NAME :	Patient	REQUEST DATE :	2017-06-12
PATIENT FIRST NAME :	Third	CLINIC/AGENCY NAME :	third agency
DATE OF BIRTH :	06-14-1921	OFFICE NUMBER :	123456789
AGE :	47	FAX NUMBER :	9876554321
GENDER :	male	ADDRESS :	123 Sesame,
PHONE NUMBER :	1234567890	CITY, STATE, ZIP CODE :	Manila,NY,123456
ADDRESS :	123 Sesame St	DOCTOR NAME :	Dr. Future
ADDRESS2 :	Apt 123	DOCTOR NPI NO. :	1234567890
PATIENT INSURANCE NAME :	Medicare	PATIENT INSURANCE NUMBER :	12345678900
CITY, STATE, ZIP CODE :	Orland Park,IL,123456	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	A-fib		
SPECIAL INSTRUCCION :			

☒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	
---------------------	---