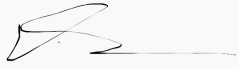


# True Laboratories LLC

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

PATIENT LAST NAME :	pat	REQUEST DATE :	2017-07-25
PATIENT FIRST NAME :	dradm	CLINIC/AGENCY NAME :	Harman
DOB :	2017-06-13	OFFICE NUMBER :	55933866
AGE :	44	FAX NUMBER :	963852478
GENDER :	male	ADDRESS :	Fffg,Ffvv
PHONE NUMBER :	2234344	CITY, STATE, ZIP CODE :	Cvv,Vvvv,Cvv
ADDRESS :	a1	DOCTOR NAME :	Harman
ADDRESS2 :	a2	DOCTOR NPI NO. :	8854565
PATIENT INSURANCE NAME :	qwdw	PATIENT INSURANCE NO. :	ded
CITY, STATE, ZIP CODE :	cfedc,edrec,ewdcx	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	fast,dradmin		
SPECIAL INSTRUCTION :	very sensitive		

☒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

