


True Laboratories LLC

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

| | | | |
|-------------------------|----------------|-----------------------------------|--|
| PATIENT LAST NAME : | test | REQUEST DATE : | 2017-07-08 |
| PATIENT FIRST NAME : | Harman11 | CLINIC/AGENCY NAME : | vipul |
| DATE OF BIRTH : | 2017-07-05 | OFFICE NUMBER : | |
| AGE : | 0 | FAX NUMBER : | 2345454665 |
| GENDER : | Female | ADDRESS : | a1,a2 |
| PHONE NUMBER : | 54654645 | CITY, STATE, ZIP CODE : | chd,pun,1234566 |
| ADDRESS : | test | DOCTOR NAME : | vipul |
| ADDRESS2 : | test | DOCTOR NPI NO. : | 12343554 |
| CITY, STATE, ZIP CODE : | test,test,5466 | DOCTOR/REPRESENTATIVE SIGNATURE : |  |
| DIAGNOSIS (ICD 10) : | test | | |
| SPECIAL INSTRUCION : | hthtg | | |

☒PT/INR

☐AIC

☐test

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