


True Laboratories LLC

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

PATIENT LAST NAME :	Durant	REQUEST DATE :	2017-07-04
PATIENT FIRST NAME :	Kevin	CLINIC/AGENCY NAME :	future agency
DOB :	1980-07-04	OFFICE NUMBER :	123456789
AGE :	44	FAX NUMBER :	9876543210
GENDER :	male	ADDRESS :	123 Sesame St,
PHONE NUMBER :	123456789	CITY, STATE, ZIP CODE :	Manila,NY,654321
ADDRESS :	18 Kevin Durant Dr	DOCTOR NAME :	Dr Future Agency
ADDRESS2 :	Apt 102	DOCTOR NPI NO. :	45612348973123
PATIENT INSURANCE NAME :	Medicare	PATIENT INSURANCE NO. :	12345678900
CITY, STATE, ZIP CODE :	Durant City,DC,321654987	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :		Diabetes	
SPECIAL INSTRUCTION :		Finals MVP	

☐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

