


# True Laboratories LLC

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

|                            |                |                                      |  |
|----------------------------|----------------|--------------------------------------|--|
| PATIENT<br>LASTNAME :      | khanna         | REQUEST DATE :                       | 2017-08-16   |
| PATIENT<br>FIRSTNAME :     | neha           | CLINIC/AGENCY NAME :                 | neha   |
| DATE OF<br>BIRTH :         | 2017-08-01     | OFFICE NUMBER :                      | 1234566888   |
| AGE :                      | 0              | FAX NUMBER :                         | gthrgtfjhty  |
| GENDER :                   | Female         | ADDRESS :                            | rtjy,rt6yj   |
| PHONE<br>NUMBER :          | 1324443444344  | CITY, STATE, ZIP CODE :              | ytjtyj,ryjhjt,ytjtyj   |
| ADDRESS :                  | a2             | DOCTOR NAME :                        | neha   |
| ADDRESS2 :                 | a3             | DOCTOR NPI NO. :                     | wetr   |
| CITY, STATE,<br>ZIP CODE : | fvfv,rfer,rfrv | DOCTOR/REPRESENTATIVE<br>SIGNATURE : |  |
| DIAGNOSIS (ICD 10) :       | tjuyk          |                                      |  |
| SPECIAL INSTRUCTION :      | very weak      |                                      |  |

☐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