


True Laboratories LLC

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

PATIENT LAST NAME :	last	REQUEST DATE :	2017-07-19
PATIENT FIRST NAME :	patname	CLINIC/AGENCY NAME :	my agency
DATE OF BIRTH :	1993-10-19	OFFICE NUMBER :	123456789
AGE :	24	FAX NUMBER :	12345767890
GENDER :	Male	ADDRESS :	a1,a2
PHONE NUMBER :	1234576890	CITY, STATE, ZIP CODE :	chd,state,1245467
ADDRESS :	a1	DOCTOR NAME :	namedr
ADDRESS2 :	a2	DOCTOR NPI NO. :	0978654321
CITY, STATE, ZIP CODE :	pcity ,pstate,1234567	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	dcds		
SPECIAL INSTRUCION :	very sick		

☒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

