


True Laboratories LLC

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

| | | | |
|--------------------------|------------------------------|-----------------------------------|---------------------------------------------------------------------------------------|
| PATIENT LAST NAME : | name | REQUEST DATE : | 2017-08-16 |
| PATIENT FIRSTNAME: | super admin patient | CLINIC/AGENCY NAME : | superadmin |
| DOB : | 2010-03-03 | OFFICE NUMBER : | 345466 |
| AGE : | 7 | FAX NUMBER : | f5454554 |
| GENDER : | male | ADDRESS : | a1,a2 |
| PHONE NUMBER : | 09899888878 | CITY, STATE, ZIP CODE : | fff,fff,fdfd |
| ADDRESS : | chandigarh | DOCTOR NAME : | superadmin |
| ADDRESS2 : | chandigarh | DOCTOR NPI NO. : | 443545 |
| PATIENT INSURANCE NAME : | insurance name | PATIENT INSURANCE NO. : | 56655655665 |
| CITY, STATE, ZIP CODE : | chandigarh,chandigarh,160101 | DOCTOR/REPRESENTATIVE SIGNATURE : |  |
| DIAGNOSIS (ICD 10) : | rubu | | |
| SPECIAL INSTRUCTION : | test | | |

☐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

