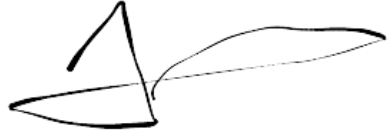


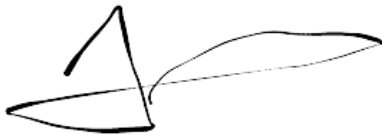
True Laboratories LLC

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

PATIENT LAST NAME :	rawat	REQUEST DATE :	2017-06-09
PATIENT FIRST NAME :	babita	CLINIC/AGENCY NAME :	gurpreet clinic
DATE OF BIRTH :	06-04-2017	OFFICE NUMBER :	23
AGE :	0	FAX NUMBER :	56421332
GENDER :	female	ADDRESS :	street 50,chandigarh sectotr 20
PHONE NUMBER :	788977	CITY, STATE, ZIP CODE :	chandigarh,chandigarh,12345
ADDRESS :	chandigarh	DOCTOR NAME :	Neha Khanna
ADDRESS2 :	chandigarh	DOCTOR NPI NO. :	897
CITY, STATE, ZIP CODE :	chandigarh,chandigarh,123456	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :			
SPECIAL INSTRUCION :		New Patient Test	

☐blood
☐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	
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