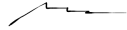


# True Laboratories LLC

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

|                               |                            |                                      |   |
|-------------------------------|----------------------------|--------------------------------------|---|
| PATIENT<br>LAST NAME<br>:     | Curry                      | REQUEST DATE :                       | 2017-07-04  |
| PATIENT<br>FIRST NAME<br>:    | Stephen                    | CLINIC/AGENCY NAME :                 | future agency   |
| DATE OF<br>BIRTH :            | 1995-06-29                 | OFFICE NUMBER :                      | 2   |
| AGE :                         | 22                         | FAX NUMBER :                         | 9876543210  |
| GENDER :                      | male                       | ADDRESS :                            | 123 Sesame St,  |
| PHONE<br>NUMBER :             | 321456                     | CITY, STATE, ZIP CODE :              | Manila,NY,654321  |
| ADDRESS :                     |                            | DOCTOR NAME :                        | Dr Future Agency  |
| ADDRESS2 :                    |                            | DOCTOR NPI NO. :                     | 45612348973123  |
| CITY,<br>STATE, ZIP<br>CODE : | San<br>Francisco,CA,123456 | DOCTOR/REPRESENTATIVE<br>SIGNATURE : |  |
| DIAGNOSIS (ICD 10) :          | CHF                        |                                      |   |
| SPECIAL INSTRUCION :          | Stephen Curry Player       |                                      |   |

☒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