


True Laboratories LLC

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

| | | | |
|-------------------------------|-------------------|--------------------------------------|---|
| PATIENT LAST NAME : | sharma | REQUEST DATE : | 2017-06-01 |
| PATIENT FIRST NAME : | rahul | CLINIC/AGENCY NAME : | |
| DATE OF BIRTH : | 05-29-2017 | OFFICE NUMBER : | |
| AGE : | 47 | FAX NUMBER : | 3567899 |
| GENDER : | male | ADDRESS : | A,A1 |
| PHONE NUMBER : | 23456677 | CITY, STATE, ZIP CODE : | Chd,Chd,4677888 |
| ADDRESS : | a2 | DOCTOR NAME : | Neha doc |
| ADDRESS2 : | a2 | DOCTOR NPI NO. : | 567888 |
| CITY, STATE, ZIP CODE : | chd,chd,123346788 | DOCTOR/REPRESENTATIVE SIGNATURE : |  |
| DIAGNOSIS (ICD 10) : | | | |
| SPECIAL INSTRUCION : | | eye prbm | |

☒ **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 |  |
|---------------------|---|