


True Laboratories LLC

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

PATIENT LAST NAME :	kaur	REQUEST DATE :	2017-07-08
PATIENT FIRST NAME :	harman	CLINIC/AGENCY NAME :	Good heart
DOB :	2017-06-14	OFFICE NUMBER :	963082244436
AGE :	0	FAX NUMBER :	6865686868
GENDER :	male	ADDRESS :	A1,A2
PHONE NUMBER :	445545566	CITY, STATE, ZIP CODE :	Cithdhf,State,Gdhdhch
ADDRESS :	a2	DOCTOR NAME :	dr. honey
ADDRESS2 :	a2	DOCTOR NPI NO. :	fgfbgbng
PATIENT INSURANCE NAME :	frrfcvfcrc	PATIENT INSURANCE NO. :	234444
CITY, STATE, ZIP CODE :	chd,pun,123455657	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	Yufhhfhfh		
SPECIAL INSTRUCTION :	fvdfvfvf		

- ☐ PT/INR
☐ AIC
☒ test

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

