## **True Laboratories LLC**

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

PATIENT LAST NAME :	Kumar	REQUEST DATE :	2017-06-01			
PATIENT FIRST NAME :	Honey	CLINIC/AGENCY NAME :	harman			
DATE OF BIRTH :	05-31-2017	OFFICE NUMBER :				
AGE :	47	FAX NUMBER :	4567890			
GENDER :	female	ADDRESS :	chd,chd			
PHONE NUMBER :	9876543210	CITY, STATE, ZIP CODE :	chd,punjab,Punjab,160601			
ADDRESS :	chandigarh	DOCTOR NAME :	harman			
ADDRESS2	chandigarh	DOCTOR NPI NO. :	12345			
CITY, STATE, ZIP CODE:	chd,Punjab,160101	DOCTOR/REPRESENTATIVE SIGNATURE :				
DIAGNOSIS (ICD 10) :		cdc				
SPECIAL INSTRUCION :		Honey kumar				
Mhlood						

⊠blood □PT/INR □A1C
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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							