


True Laboratories LLC

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

PATIENT LAST NAME :	Pippen	REQUEST DATE :	2017-07-07
PATIENT FIRST NAME :	Scottie	CLINIC/AGENCY NAME :	true laboratories llc
DATE OF BIRTH :	1980-07-04	OFFICE NUMBER :	3
AGE :	37	FAX NUMBER :	7086205215
GENDER :	Male	ADDRESS :	6956 155th Pl,
PHONE NUMBER :	3331112220	CITY, STATE, ZIP CODE :	Orland Park,IL,60455
ADDRESS :		DOCTOR NAME :	Dr. TrueLab
ADDRESS2 :		DOCTOR NPI NO. :	456123789
CITY, STATE, ZIP CODE :	Chicago,IL,60621	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	AF		
SPECIAL INSTRUCION :	Scottie Pippen Chicago Bulls		

☒PT/INR

☐A1C

☐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