

True Laboratories LLC

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

| | | | |
|--------------------------|--------------------------|-----------------------------------|-------------------|
| PATIENT LAST NAME : | last | REQUEST DATE : | 2017-07-20 |
| PATIENT FIRST NAME : | patname | CLINIC/AGENCY NAME : | my agency |
| DOB : | 1993-10-19 | OFFICE NUMBER : | 123456789 |
| AGE : | 44 | FAX NUMBER : | 12345767890 |
| GENDER : | male | ADDRESS : | a1,a2 |
| PHONE NUMBER : | 1234576890 | CITY, STATE, ZIP CODE : | chd,state,1245467 |
| ADDRESS : | a1 | DOCTOR NAME : | namedr |
| ADDRESS2 : | a2 | DOCTOR NPI NO. : | 0978654321 |
| PATIENT INSURANCE NAME : | rfreftyhtrhtyjtuyj | PATIENT INSURANCE NO. : | yhtyj54556 |
| CITY, STATE, ZIP CODE : | pcity ,pstate,1234567 | DOCTOR/REPRESENTATIVE SIGNATURE : | |
| DIAGNOSIS (ICD 10) : | | | |
| SPECIAL INSTRUCTION : | | very sick | |

☒PT/INR

☐AIC

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

