True Laboratories LLC

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

PATIENT LAST NAME: test REQUEST DATE: 2017-06-21 PATIENT FIRST FRATT FIRST NAME: rubaltest Labelest NAME: future agency DATE OF BIRTH: 2009-02-10 OFFICE NUMBER: 2 AGE: 8 FAX NUMBER: 987654321 GENDER: female ADDRESS: 123 Sesame St, PHONE NUMBER: 1234567890 CITY, STATE, ZIP CODE: Manila,NY,123456 ADDRESS test DOCTOR NAME: Dr Two ADDRESS test: DOCTOR NPI NO.: 1237894560 CITY, STATE, ZIP CODE: SIGNATURE: SIGNATURE: DIAGNOSIS (CD 10): SPECIAL INSTRUCION: Eest CLINIC/AGENCY NAME: DIAGNOSIS (CD 10): SPECIAL INSTRUCION: SPECIAL INSTRUCION: DIAGNOSIS (CD 10): SPECIAL INSTRUCION: SPECIAL INSTRUCION: SPECIAL INSTRUCION: SPECIAL INSTRUCION: SPECIAL INSTRUCTOR SPECIAL I				
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⊠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				