True Laboratories LLC

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

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PATIENT LAST NAME :	pat	REQUEST DATE :	2017-05-26			
PATIENT FIRST NAME :	honey	CLINIC/AGENCY NAME :	Harman			
DATE OF BIRTH :	05-01-2017	OFFICE NUMBER :				
AGE :	0	FAX NUMBER :	146011			
GENDER :	male	ADDRESS :	Chandiagarh,Chd			
PHONE NUMBER :	123456789	CITY, STATE, ZIP CODE :	Punjab,Hoshiarpur,433334			
ADDRESS :	chandigarh	DOCTOR NAME :	Harman			
ADDRESS2 :	chandigarh	DOCTOR NPI NO. :	2322			
CITY, STATE, ZIP CODE :	chandigarh,chandigarh,12345	DOCTOR/REPRESENTATIVE SIGNATURE :				
DIAGNOSIS (ICD 10) :		rubu				
SPECIAL INSTRUCION :		very slow				
□blood □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						