


# True Laboratories LLC

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

PATIENT LAST NAME :	neha	REQUEST DATE :	2017-07-17
PATIENT FIRST NAME :	anshul	CLINIC/AGENCY NAME :	test agency
DATE OF BIRTH :	2016-11-01	OFFICE NUMBER :	9898799879
AGE :	1	FAX NUMBER :	98987987767
GENDER :	Male	ADDRESS :	#test,#test
PHONE NUMBER :	0987655423	CITY, STATE, ZIP CODE :	Chd,chd,160066
ADDRESS :	a1	DOCTOR NAME :	neha
ADDRESS2 :	a2	DOCTOR NPI NO. :	12345556
CITY, STATE, ZIP CODE :	chd,pun,1456778	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	dia		
SPECIAL INSTRUCION :	very sensitive		

☐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