

True Laboratories LLC

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

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|----------------------------|------------|--------------------------------------|------------------------------|
| PATIENT LAST NAME : | sharma | REQUEST DATE : | 2017-05-26 |
| PATIENT FIRST NAME : | sharma | CLINIC/AGENCY NAME : | Harman |
| DATE OF BIRTH : | 05-02-2017 | OFFICE NUMBER : | dfdhhhs |
| AGE : | 0 | CLIENT FAX NUMBER : | 146011 |
| GENDER : | male | ADDRESS : | Chandiagarh,Chd |
| PHONE NUMBER : | 1234567899 | CITY, STATE, ZIP CODE : | chandigarh,chandigarh,123456 |
| ADDRESS : | chandigarh | DOCTOR NAME : | Harman |
| ADDRESS2 : | chandigarh | DOCTOR NPI NO. : | 2322 |
| CITY, STATE, ZIP CODE : | sadsadas | DOCTOR/REPRESENTATIVE SIGNATURE : | dfdhhhs |
| DIAGNOSIS (ICD 10) : | dsf | | |
| DIAGNOSIS (ICD 10) : | dsf | | |

- ☐ **PT/INR**
☐ **HbA1c**
☐ **Glucose**

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

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