


True Laboratories LLC

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

PATIENT LAST NAME :	Irving	REQUEST DATE :	2017-07-29
PATIENT FIRST NAME :	Kyrie	CLINIC/AGENCY NAME :	truelab
DOB :	1973-07-25	OFFICE NUMBER :	987654321
AGE :	44	FAX NUMBER :	123456789
GENDER :	male	ADDRESS :	4 Bahay St,Apt 123
PHONE NUMBER :	4567891234	CITY, STATE, ZIP CODE :	Pasig City,IL,60452
ADDRESS :	2 Cavalier St	DOCTOR NAME :	Dr. True
ADDRESS2 :		DOCTOR NPI NO. :	1000000001
PATIENT INSURANCE NAME :	Medicare	PATIENT INSURANCE NO. :	123456789
CITY, STATE, ZIP CODE :	Cleveland,OH,654987	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	AFib		
SPECIAL INSTRUCTION :	2016 Champions		

☒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

