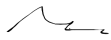


# True Laboratories LLC

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

PATIENT LAST NAME :	IOS	REQUEST DATE :	2017-07-18
PATIENT FIRST NAME :	Apple	CLINIC/AGENCY NAME :	true laboratories llc
DATE OF BIRTH :	1945-07-18	OFFICE NUMBER :	7086205795
AGE :	72	FAX NUMBER :	7086205215
GENDER :	Male	ADDRESS :	6956 155th Pl,
PHONE NUMBER :	987654321	CITY, STATE, ZIP CODE :	Orland Park,IL,60455
ADDRESS :	123 Apple Test	DOCTOR NAME :	Dr. TrueLab
ADDRESS2 :	Apt 123	DOCTOR NPI NO. :	456123789
CITY, STATE, ZIP CODE :	Apple City,AP,321654	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	Apple Allergy		
SPECIAL INSTRUCTION :	Apple Testing		

☐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