


True Laboratories LLC

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

| | | | |
|--------------------------|-------------------|-----------------------------------|---|
| PATIENT LAST NAME : | One | REQUEST DATE : | 2017-06-27 |
| PATIENT FIRST NAME : | Patient | CLINIC/AGENCY NAME : | future agency |
| DOB : | 06-12-1935 | OFFICE NUMBER : | 123456789 |
| AGE : | 82 | FAX NUMBER : | 987654321 |
| GENDER : | male | ADDRESS : | 123 Sesame St, |
| PHONE NUMBER : | 321654987 | CITY, STATE, ZIP CODE : | Manila,NY,123456 |
| ADDRESS : | | DOCTOR NAME : | testing |
| ADDRESS2 : | | DOCTOR NPI NO. : | 54 |
| PATIENT INSURANCE NAME : | Medicare | PATIENT INSURANCE NO. : | 12345678900 |
| CITY, STATE, ZIP CODE : | Mexico ,IL,123456 | DOCTOR/REPRESENTATIVE SIGNATURE : |  |
| DIAGNOSIS (ICD 10) : | fff | | |
| SPECIAL INSTRUCTION : | | | |

☒PT/INR

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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

