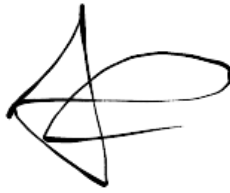


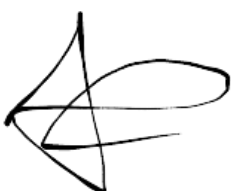
True Laboratories LLC

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

PATIENT LAST NAME :	khu	REQUEST DATE :	2017-06-09
PATIENT FIRST NAME :	thoag	CLINIC/AGENCY NAME :	neha agency
DATE OF BIRTH :	05-29-2017	OFFICE NUMBER :	25
AGE :	47	FAX NUMBER :	963358007411
GENDER :	female	ADDRESS :	H56,Dbhch
PHONE NUMBER :	1345456676778	CITY, STATE, ZIP CODE :	Chd,Chd,4577
ADDRESS :	ghddj	DOCTOR NAME :	dr diksha
ADDRESS2 :	ghddj	DOCTOR NPI NO. :	tth56789
CITY, STATE, ZIP CODE :	chd,haryana,123454567	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :			
SPECIAL INSTRUCION :		very hard to handle	

☐blood
☒PT/INR
☐A1C

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	
---------------------	---