


True Laboratories LLC

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

PATIENT LAST NAME :	Pippen	REQUEST DATE :	2017-07-13
PATIENT FIRST NAME :	Scottie	CLINIC/AGENCY NAME :	true laboratories llc
DOB :	1980-07-04	OFFICE NUMBER :	7086205795
AGE :	44	FAX NUMBER :	7086205215
GENDER :	male	ADDRESS :	6956 155th Pl,
PHONE NUMBER :	3331112220	CITY, STATE, ZIP CODE :	Orland Park,IL,60455
ADDRESS :	33 Chicago Bulls Dr	DOCTOR NAME :	Dr. TrueLab
ADDRESS2 :		DOCTOR NPI NO. :	456123789
PATIENT INSURANCE NAME :	ChicagoBulls	PATIENT INSURANCE NO. :	9876543210
CITY, STATE, ZIP CODE :	Chicago,IL,60621	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	DM		
SPECIAL INSTRUCTION :	Scottie Pippen Chicago Bulls		

☐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

