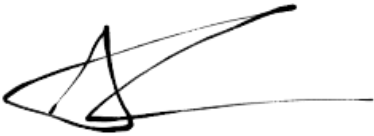


True Laboratories LLC

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

PATIENT LAST NAME :	qwe	REQUEST DATE :	2017-05-30
PATIENT FIRST NAME :	qwe	CLINIC/AGENCY NAME :	Neha
DATE OF BIRTH :	05-01-2017	OFFICE NUMBER :	
AGE :	0	FAX NUMBER :	3578993566
GENDER :	female	ADDRESS :	Fghg1,Dghhg2
PHONE NUMBER :	123	CITY, STATE, ZIP CODE :	Chd,Chhf,46788
ADDRESS :	qwe	DOCTOR NAME :	Neha
ADDRESS2 :	qwe	DOCTOR NPI NO. :	
CITY, STATE, ZIP CODE :	qwe,qwe,qwe	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :			
SPECIAL INSTRUCCION :	qwe		

- ☐ **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

