


True Laboratories LLC

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

PATIENT LAST NAME :	singla	REQUEST DATE :	2017-07-21
PATIENT FIRST NAME :	rubal	CLINIC/AGENCY NAME :	Qw
DOB :	2017-07-03	OFFICE NUMBER :	25894689
AGE :	0	FAX NUMBER :	146889
GENDER :	male	ADDRESS :	A,A
PHONE NUMBER :	987876	CITY, STATE, ZIP CODE :	Hdhhdh,Gdhdh,Hdhhdh
ADDRESS :		DOCTOR NAME :	Qw
ADDRESS2 :		DOCTOR NPI NO. :	3479956
PATIENT INSURANCE NAME :	health	PATIENT INSURANCE NO. :	67687878
CITY, STATE, ZIP CODE :	chandigarh,chandigarh,160101	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	Pt/INR		
SPECIAL INSTRUCTION :	test		

☒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

