


True Laboratories LLC

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

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|----------------------------|------------------------------|--------------------------------------|--|
| PATIENT LASTNAME : | last name | REQUEST DATE : | 2017-08-12 |
| PATIENT FIRSTNAME : | super admin patient | CLINIC/AGENCY NAME : | superadmin |
| DATE OF BIRTH : | 2009-02-01 | OFFICE NUMBER : | 345466 |
| AGE : | 9 | FAX NUMBER : | f5454554 |
| GENDER : | Female | ADDRESS : | a1,a2 |
| PHONE NUMBER : | 85556863435 | CITY, STATE, ZIP CODE : | fff,fff,fdfd |
| ADDRESS : | it park | DOCTOR NAME : | superadmin |
| ADDRESS2 : | chandigarh | DOCTOR NPI NO. : | 443545 |
| CITY, STATE, ZIP CODE : | chandigarh,chandigarh,160101 | DOCTOR/REPRESENTATIVE SIGNATURE : |  |
| DIAGNOSIS (ICD 10) : | rubal test | | |
| 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