


True Laboratories LLC

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

PATIENT LAST NAME :	last name	REQUEST DATE :	2017-07-26
PATIENT FIRST NAME :	rubal patient	CLINIC/AGENCY NAME :	ClientAppAgency
DATE OF BIRTH :	2001-09-06	OFFICE NUMBER :	9876543210
AGE :	16	FAX NUMBER :	96388
GENDER :	Male	ADDRESS :	Chd,Chd
PHONE NUMBER :	8978765654	CITY, STATE, ZIP CODE :	Chandigarh,Punjab,1600101
ADDRESS :	it park	DOCTOR NAME :	harman agency client
ADDRESS2 :		DOCTOR NPI NO. :	34343434434433434
CITY, STATE, ZIP CODE :	chandigarh,chandigarh,160101	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	AIC		
SPECIAL INSTRUCCION :	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

