


# True Laboratories LLC

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

PATIENT LAST NAME :	Delete	REQUEST DATE :	2017-07-15
PATIENT FIRST NAME :	ThirdDay	CLINIC/AGENCY NAME :	true laboratories llc
DATE OF BIRTH :	1970-07-14	OFFICE NUMBER :	7086205795
AGE :	47	FAX NUMBER :	7086205215
GENDER :	Male	ADDRESS :	6956 155th Pl,
PHONE NUMBER :	123456789	CITY, STATE, ZIP CODE :	Orland Park,IL,60455
ADDRESS :	3 Delete Dr	DOCTOR NAME :	Dr. TrueLab
ADDRESS2 :	Apt 3	DOCTOR NPI NO. :	456123789
CITY, STATE, ZIP CODE :	Delete City,DL,987654321	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	Stroke		
SPECIAL INSTRUCTION :	Delete 3rd day		

☒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