


True Laboratories LLC

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

PATIENT LAST NAME :	Admin6	REQUEST DATE :	2017-06-19
PATIENT FIRST NAME :	AdminAdded6	CLINIC/AGENCY NAME :	future agency
DATE OF BIRTH :	1970-06-17	OFFICE NUMBER :	2
AGE :	47	FAX NUMBER :	987654321
GENDER :	male	ADDRESS :	123 Sesame St,
PHONE NUMBER :	1234564	CITY, STATE, ZIP CODE :	Manila,NY,123456
ADDRESS :		DOCTOR NAME :	Neha Khanna
ADDRESS2 :		DOCTOR NPI NO. :	568989
CITY, STATE, ZIP CODE :	Admin Added,AD,321654	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	DM; Hypertension		
SPECIAL INSTRUCION :	Admin added patient detail		

☒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	
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