


# True Laboratories LLC

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

PATIENT LAST NAME :	last name	REQUEST DATE :	2017-08-16
PATIENT FIRSTNAME :	super admin patient	CLINIC/AGENCY NAME :	superadmin
DATE OF BIRTH :	2000-01-30	OFFICE NUMBER :	345466
AGE :	18	FAX NUMBER :	f5454554
GENDER :	Female	ADDRESS :	a1,a2
PHONE NUMBER :	9899888878	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) :	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

