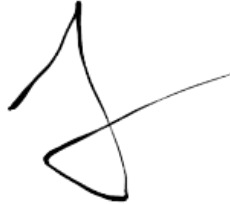


True Laboratories LLC

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

PATIENT LAST NAME :	bgb	REQUEST DATE :	2017-06-01
PATIENT FIRST NAME :	bgbgb	CLINIC/AGENCY NAME :	Harman
DATE OF BIRTH :	05-31-2017	OFFICE NUMBER :	
AGE :	47	FAX NUMBER :	146011
GENDER :	male	ADDRESS :	Chandiagarh,Chandiagarh
PHONE NUMBER :	54	CITY, STATE, ZIP CODE :	Punjab,Hsp,433334
ADDRESS :	bgb	DOCTOR NAME :	Harman
ADDRESS2 :	bgb	DOCTOR NPI NO. :	undefined
CITY, STATE, ZIP CODE :	fgbfgb,bgb,0987654	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	condition		
SPECIAL INSTRUCCION :	tgtrg		

- ☐ **blood**
☒ **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

