


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 :	harman patient	CLINIC/AGENCY NAME :	Harmanagency
DOB :	2007-02-13	OFFICE NUMBER :	94946
AGE :	10	FAX NUMBER :	79799
GENDER :	male	ADDRESS :	Bdbd,Xbxb
PHONE NUMBER :	8556767677	CITY, STATE, ZIP CODE :	Xbxb,Bxxb,388383
ADDRESS :	chandigarh	DOCTOR NAME :	harman doctor
ADDRESS2 :	chandigarh	DOCTOR NPI NO. :	676656344
PATIENT INSURANCE NAME :	test	PATIENT INSURANCE NO. :	445454545
CITY, STATE, ZIP CODE :	chandigarh,chandigarh,160101	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :		Vcx	
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

