


# True Laboratories LLC

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

PATIENT LAST NAME :	Jordan	REQUEST DATE :	2017-07-14
PATIENT FIRST NAME :	Micheal	CLINIC/AGENCY NAME :	true laboratories llc
DOB :	1970-06-10	OFFICE NUMBER :	7086205795
AGE :	44	FAX NUMBER :	7086205215
GENDER :	male	ADDRESS :	6956 155th Pl,
PHONE NUMBER :	123456789	CITY, STATE, ZIP CODE :	Orland Park,IL,60455
ADDRESS :	23 Bulls Ave	DOCTOR NAME :	D. Phil Jackson
ADDRESS2 :	Apt 23	DOCTOR NPI NO. :	123456789000
PATIENT INSURANCE NAME :	Medicare	PATIENT INSURANCE NO. :	12345678900
CITY, STATE, ZIP CODE :	Chicago,IL,60521	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	AFIB		
SPECIAL INSTRUCTION :	Michael Jordan All time MVP		

☒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

