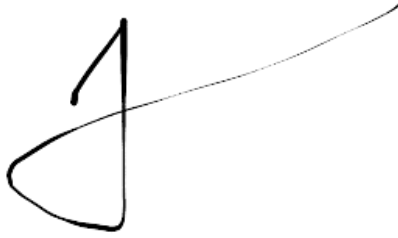


True Laboratories LLC

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

PATIENT LAST NAME :	refer	REQUEST DATE :	2017-06-01
PATIENT FIRST NAME :	fer	CLINIC/AGENCY NAME :	harman
DATE OF BIRTH :	06-01-2017	OFFICE NUMBER :	
AGE :	0	FAX NUMBER :	4567890
GENDER :	male	ADDRESS :	chd,chd
PHONE NUMBER :	45454	CITY, STATE, ZIP CODE :	chd,punjab,Punjab,160601
ADDRESS :	efrfer	DOCTOR NAME :	harman
ADDRESS2 :	efrfer	DOCTOR NPI NO. :	12345
CITY, STATE, ZIP CODE :	fferf,refrf,543534	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :			
SPECIAL INSTRUCCION :		fgfdgf	

- ☐ 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	
---------------------	---