


# True Laboratories LLC

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

|                         |                             |                                   |  |
|-------------------------|-----------------------------|-----------------------------------|--|
| PATIENT LAST NAME :     | pat                         | REQUEST DATE :                    | 2017-05-26   |
| PATIENT FIRST NAME :    | honey                       | CLINIC/AGENCY NAME :              | Harman   |
| DATE OF BIRTH :         | 05-01-2017                  | OFFICE NUMBER :                   |  |
| AGE :                   | 0                           | FAX NUMBER :                      | 146011   |
| GENDER :                | male                        | ADDRESS :                         | Chandiagarh,Chd  |
| PHONE NUMBER :          | 123456789                   | CITY, STATE, ZIP CODE :           | Punjab,Hoshiarpur,433334   |
| ADDRESS :               | chandigarh                  | DOCTOR NAME :                     | Harman   |
| ADDRESS2 :              | chandigarh                  | DOCTOR NPI NO. :                  | 2322   |
| CITY, STATE, ZIP CODE : | chandigarh,chandigarh,12345 | DOCTOR/REPRESENTATIVE SIGNATURE : |  |
| DIAGNOSIS (ICD 10) :    |                             |                                   |  |
| SPECIAL INSTRUCCION :   | very slow                   |                                   |  |

- ☐ **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

