


## True Laboratories LLC


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

PATIENT LAST NAME :	AddedByAgency3	REQUEST DATE :	2017-06-20
PATIENT FIRST NAME :	AgencyAdded3	CLINIC/AGENCY NAME :	future agency
DATE OF BIRTH :	1970-06-14	OFFICE NUMBER :	123456789
AGE :	47	FAX NUMBER :	9876543210
GENDER :	male	ADDRESS :	123 Sesame St,
PHONE NUMBER :	321654	CITY, STATE, ZIP CODE :	Manila,NY,654321
ADDRESS :	321 Agency Added St	DOCTOR NAME :	Dr Future Agency
ADDRESS2 :		DOCTOR NPI NO. :	45612348973123
PATIENT INSURANCE NAME :	Agency	PATIENT INSURANCE NUMBER :	12345678900
CITY, STATE, ZIP CODE :	Agency City,AG,123456	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	DM; Hypertension		
SPECIAL INSTRUCCION :	Agency patient detail		

☒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	
---------------------	---