


True Laboratories LLC

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

PATIENT LAST NAME :	DoctorOne	REQUEST DATE :	2017-06-14
PATIENT FIRST NAME :	Patient	CLINIC/AGENCY NAME :	Dr One
DATE OF BIRTH :	2017-05-02	OFFICE NUMBER :	
AGE :	0	FAX NUMBER :	321654987
GENDER :	male	ADDRESS :	9876 W 64th St,
PHONE NUMBER :	654987	CITY, STATE, ZIP CODE :	Manila,IL,1234596
ADDRESS :	123 Sesame St	DOCTOR NAME :	Dr One
ADDRESS2 :		DOCTOR NPI NO. :	321654987
PATIENT INSURANCE NAME :	Medicare	PATIENT INSURANCE NUMBER :	654987321
CITY, STATE, ZIP CODE :	New York,NY,123456	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	CHF		
SPECIAL INSTRUCCION :			

☒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

