

# True Laboratories LLC

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

|                                |                  |                                      |                          |
|--------------------------------|------------------|--------------------------------------|--------------------------|
| PATIENT<br>LAST NAME<br>:      | test             | REQUEST DATE :                       | 2017-07-21               |
| PATIENT<br>FIRST<br>NAME :     | test             | CLINIC/AGENCY NAME :                 | harman                   |
| DOB :                          | 2017-05-09       | OFFICE NUMBER :                      | 9876543210               |
| AGE :                          | 0                | FAX NUMBER :                         | 1464001                  |
| GENDER :                       | male             | ADDRESS :                            | Chandigarh,Chandigarh    |
| PHONE<br>NUMBER :              | 9808765456       | CITY, STATE, ZIP CODE :              | Chandigarh,Punjab,876753 |
| ADDRESS :                      | test             | DOCTOR NAME :                        | harman                   |
| ADDRESS2<br>:                  | test             | DOCTOR NPI NO. :                     | 7867                     |
| PATIENT<br>INSURANCE<br>NAME : | test             | PATIENT INSURANCE NO. :              | 6787654567               |
| CITY,<br>STATE, ZIP<br>CODE :  | test,test,123456 | DOCTOR/REPRESENTATIVE<br>SIGNATURE : |                          |
| DIAGNOSIS (ICD 10) :           | pT/inr           |                                      |                          |
| SPECIAL INSTRUCTION :          | testing          |                                      |                          |

☒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

