

True Laboratories LLC

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

PATIENT LAST NAME :	sharma	REQUEST DATE :	dfdhhhs
PATIENT FIRST NAME :	sharma	CLINIC/AGENCY NAME :	Harman
DATE OF BIRTH :	05-02-2017	OFFICE NUMBER :	dfdhhhs
AGE :	0	CLIENT FAX NUMBER :	
GENDER :	male	ADDRESS :	,
PHONE NUMBER :	1234567899	CITY, STATE, ZIP CODE :	chandigarh,chandigarh,123456
ADDRESS :	chandigarh	DOCTOR NAME :	
ADDRESS2 :	chandigarh	DOCTOR NPI NO. :	
CITY, STATE, ZIP CODE :	sadsadas	DOCTOR/REPRESENTATIVE SIGNATURE :	dfdhhhs
DIAGNOSIS (ICD 10) :	dsf		
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- ☐ **PT/INR**
☐ **HbA1c**
☐ **Glucose**

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

asdsa