


True Laboratories LLC

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

| | | | |
|--------------------------------|------------------------------|--------------------------------------|--------------------------------------------------------------------------------------|
| PATIENT LAST NAME : | last name | REQUEST DATE : | 2017-07-26 |
| PATIENT FIRST NAME : | rubal patient | CLINIC/AGENCY NAME : | ClientAppAgency |
| DOB : | 2001-09-06 | OFFICE NUMBER : | 9876543210 |
| AGE : | 16 | FAX NUMBER : | 96388 |
| GENDER : | male | ADDRESS : | Chd,Chd |
| PHONE NUMBER : | 8978765654 | CITY, STATE, ZIP CODE : | Chandigarh,Punjab,1600101 |
| ADDRESS : | | DOCTOR NAME : | harman agency client |
| ADDRESS2 : | | DOCTOR NPI NO. : | 34343434434433434 |
| PATIENT INSURANCE NAME : | insurance name | PATIENT INSURANCE NO. : | 3423434423 |
| CITY, STATE, ZIP CODE : | chandigarh,chandigarh,160101 | DOCTOR/REPRESENTATIVE SIGNATURE : |  |
| DIAGNOSIS (ICD 10) : | Hiiii | | |
| SPECIAL INSTRUCTION : | test | | |

☒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

