


True Laboratories LLC

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

PATIENT LAST NAME :		REQUEST DATE :	2017-07-24
PATIENT FIRST NAME :		CLINIC/AGENCY NAME :	qwerty agency
DOB :		OFFICE NUMBER :	5437567867898
AGE :	48	FAX NUMBER :	75786789
GENDER :		ADDRESS :	a1,a2
PHONE NUMBER :		CITY, STATE, ZIP CODE :	ddf,dfdff,frff
ADDRESS :		DOCTOR NAME :	vipul
ADDRESS2 :		DOCTOR NPI NO. :	66655676
PATIENT INSURANCE NAME :		PATIENT INSURANCE NO. :	
CITY, STATE, ZIP CODE :	..	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	Xbbhdhf		
SPECIAL INSTRUCTION :			

- ☐PT/INR
☒AIC
☐blood
☐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

