True Laboratories LLC

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

PATIENT LAST NAME: test REQUEST DATE: 2017-07-14 PATIENT FIRST NAME: Harman11 CLINIC/AGENCY NAME: vipul DOB: 2017-07-05 OFFICE NUMBER: 1234567889 AGE: 44 FAX NUMBER: 2345454665 GENDER: female ADDRESS: a1,a2 PHONE NUMBER: 54654645 CITY, STATE, ZIP CODE: chd,pun,1234566 ADDRESS: test DOCTOR NAME: vipul ADDRESS2: test DOCTOR NPI NO.: 12343554 PATIENT INSURANCE NAME: PATIENT INSURANCE NO.: 65654 CITY, STATE, ZIP CODE: test,test,5466 DOCTOR/REPRESENTATIVE SIGNATURE: CITY, STATE, ZIP CODE: DIAGNOSIS (ICD 10): test test SPECIAL INSTRUCTION: hthtg					
NAME : Harman11 CLINIC/AGENCY NAME : Vipul DOB : 2017-07-05 OFFICE NUMBER : 1234567889 AGE : 44 FAX NUMBER : 2345454665 GENDER : female ADDRESS : a1,a2 PHONE NUMBER : 54654645 CITY, STATE, ZIP CODE : chd,pun,1234566 ADDRESS : test DOCTOR NAME : vipul ADDRESS2 : test DOCTOR NPI NO : 12343554 PATIENT INSURANCE NAME : test PATIENT INSURANCE NO : 65654 CITY, STATE, ZIP CODE : test,test,5466 DOCTOR/REPRESENTATIVE SIGNATURE : CITY, STATE, ZIP CODE : test		test	REQUEST DATE :	2017-07-14	
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ADDRESS2: test DOCTOR NPI NO.: 12343554 PATIENT INSURANCE NAME: PATIENT INSURANCE NO.: 65654 CITY, STATE, ZIP CODE: test,test,5466 DOCTOR/REPRESENTATIVE SIGNATURE:		54654645	CITY, STATE, ZIP CODE :	chd,pun,1234566	
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INSURANCE NAME: CITY, STATE, ZIP CODE: test, test, 5466 DOCTOR/REPRESENTATIVE SIGNATURE: DIAGNOSIS (ICD 10): test	ADDRESS2 :	test	DOCTOR NPI NO. :	12343554	
ZIP CODE : SIGNATURE : DIAGNOSIS (ICD 10) : test	INSURANCE	test	PATIENT INSURANCE NO. :	65654	
		test,test,5466		7	
SPECIAL INSTRUCTION: hthtg	DIAGNOSIS (ICD 10) :		test		
	SPECIAL INSTRUCTION :		hthtg		

⊠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