


True Laboratories LLC

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

PATIENT LAST NAME :	test	REQUEST DATE :	2017-06-21
PATIENT FIRST NAME :	rubaltest	CLINIC/AGENCY NAME :	future agency
DATE OF BIRTH :	2009-02-10	OFFICE NUMBER :	2
AGE :	8	FAX NUMBER :	987654321
GENDER :	female	ADDRESS :	123 Sesame St,
PHONE NUMBER :	1234567890	CITY, STATE, ZIP CODE :	Manila,NY,123456
ADDRESS :	test	DOCTOR NAME :	Dr Two
ADDRESS2 :	test	DOCTOR NPI NO. :	1237894560
CITY, STATE, ZIP CODE :	test,test,123456	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :			
SPECIAL INSTRUCION :		test	
<input checked="" type="checkbox"/> PT/INR <input type="checkbox"/> A1C			
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			