


# True Laboratories LLC

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

|                            |                             |                                      |  |
|----------------------------|-----------------------------|--------------------------------------|--|
| PATIENT<br>LAST NAME :     | Jordan                      | REQUEST DATE :                       | 2017-07-20   |
| PATIENT<br>FIRST NAME :    | Micheal                     | CLINIC/AGENCY NAME :                 | true laboratories llc  |
| DATE OF<br>BIRTH :         | 1970-06-10                  | OFFICE NUMBER :                      | 7086205795   |
| AGE :                      | 47                          | FAX NUMBER :                         | 7086205215   |
| GENDER :                   | Male                        | ADDRESS :                            | 6956 155th Pl,   |
| PHONE<br>NUMBER :          | 123456789                   | CITY, STATE, ZIP CODE :              | Orland Park,IL,60455   |
| ADDRESS :                  | 23 Bulls Ave                | DOCTOR NAME :                        | Dr. Phil Jackson   |
| ADDRESS2 :                 | Apt 23                      | DOCTOR NPI NO. :                     | 123456789000   |
| CITY, STATE,<br>ZIP CODE : | Chicago,IL,60521            | DOCTOR/REPRESENTATIVE<br>SIGNATURE : |  |
| DIAGNOSIS (ICD 10) :       | Afib                        |                                      |  |
| SPECIAL INSTRUCION :       | Michael Jordan All time MVP |                                      |  |

☒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