


True Laboratories LLC

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

PATIENT LAST NAME :	Added	REQUEST DATE :	2017-06-15
PATIENT FIRST NAME :	Admin	CLINIC/AGENCY NAME :	future agency
DATE OF BIRTH :	1973-06-09	OFFICE NUMBER :	2
AGE :	44	FAX NUMBER :	9876543210
GENDER :	male	ADDRESS :	123 Sesame St,
PHONE NUMBER :	69456	CITY, STATE, ZIP CODE :	Manila,NY,654321
ADDRESS :		DOCTOR NAME :	Dr Future Agency
ADDRESS2 :		DOCTOR NPI NO. :	45612348973123
PATIENT INSURANCE NAME :	Medicare	PATIENT INSURANCE NUMBER :	123456789
CITY, STATE, ZIP CODE :	Cebu,Paisg,3216	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :		DM	
SPECIAL INSTRUCTION :		Test Text by admin	

☐PT/INR

☒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

