


# True Laboratories LLC

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

PATIENT LAST NAME :	Patient	REQUEST DATE :	2017-06-18
PATIENT FIRST NAME :	Test1	CLINIC/AGENCY NAME :	have a heart health care, ltd
DATE OF BIRTH :	06-10-1935	OFFICE NUMBER :	7084796555
AGE :	81	FAX NUMBER :	708478878
GENDER :	male	ADDRESS :	18319 Distinctive Drive,
PHONE NUMBER :	123456789	CITY, STATE, ZIP CODE :	Orland Park,IL,60467
ADDRESS :	123 Sesame St	DOCTOR NAME :	Dr. Kantilal Patel
ADDRESS2 :	Apt 123	DOCTOR NPI NO. :	123456
PATIENT INSURANCE NAME :	Medicare	PATIENT INSURANCE NUMBER :	123456789
CITY, STATE, ZIP CODE :	Manila,Ny,123456	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	A-Fib		
SPECIAL INSTRUCION :	Test		

☒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

