True Laboratories LLC

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

PATIENT LAST NAME :	last name	REQUEST DATE :	2017-07-26			
PATIENT FIRST NAME :	harman patient	CLINIC/AGENCY NAME :	Harmanagency			
DOB:	2007-02-13	OFFICE NUMBER :	94946			
AGE :	10	FAX NUMBER :	79799			
GENDER :	male	ADDRESS :	Bdbd,Xbxb			
PHONE NUMBER :	8556767677	CITY, STATE, ZIP CODE :	Xbxb,Bxxb,388383			
ADDRESS :	chandigarh	DOCTOR NAME :	harman doctor			
ADDRESS2	chandigarh	DOCTOR NPI NO. :	676656344			
PATIENT INSURANCE NAME :	test	PATIENT INSURANCE NO. :	445454545			
CITY, STATE, ZIP CODE :	chandigarh,chandigarh,160101	DOCTOR/REPRESENTATIVE SIGNATURE :				
DIAGNOSIS (ICD 10) :		Pt				
SPECIAL INSTRUCTION :		test				
⊠PT/INR						

⊠PT/INF
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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					