


True Laboratories LLC

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

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|----------------------------|-----------------------------|--------------------------------------|---|
| PATIENT LAST NAME : | Durant | REQUEST DATE : | 2017-07-04 |
| PATIENT FIRST NAME : | Kevin | CLINIC/AGENCY NAME : | future agency |
| DATE OF BIRTH : | 1980-07-04 | OFFICE NUMBER : | 2 |
| AGE : | 37 | FAX NUMBER : | 9876543210 |
| GENDER : | male | ADDRESS : | 123 Sesame St, |
| PHONE NUMBER : | 123456789 | CITY, STATE, ZIP CODE : | Manila,NY,654321 |
| ADDRESS : | Apt 102 | DOCTOR NAME : | Dr Future Agency |
| ADDRESS2 : | Apt 102 | DOCTOR NPI NO. : | 45612348973123 |
| CITY, STATE, ZIP CODE : | Durant City,DC,321654987 | DOCTOR/REPRESENTATIVE SIGNATURE : |  |
| DIAGNOSIS (ICD 10) : | Diabetes | | |
| SPECIAL INSTRUCION : | Finals MVP | | |

☐PT/INR

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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

