


True Laboratories LLC

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

PATIENT LAST NAME :	Cancel	REQUEST DATE :	2017-08-02
PATIENT FIRST NAME :	Test	CLINIC/AGENCY NAME :	truelab
DATE OF BIRTH :	1970-05-14	OFFICE NUMBER :	987654321
AGE :	47	FAX NUMBER :	123456789
GENDER :	Male	ADDRESS :	4 Bahay St,Apt 123
PHONE NUMBER :	123456789	CITY, STATE, ZIP CODE :	Pasig City,IL,60452
ADDRESS :	321 Admin Added St	DOCTOR NAME :	Dr. True
ADDRESS2 :	Apt 321	DOCTOR NPI NO. :	1000000001
CITY, STATE, ZIP CODE :	Admin Added,AD,321654	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :		AFib	
SPECIAL INSTRUCION :		Admin Added for TrueLAB	

☒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