True Laboratories LLC

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

PATIENT LAST NAME :	One	REQUEST DATE :	2017-06-27
PATIENT FIRST NAME :	Patient	CLINIC/AGENCY NAME :	future agency
DOB :	06-12-1935	OFFICE NUMBER :	123456789
AGE :	82	FAX NUMBER :	987654321
GENDER :	male	ADDRESS :	123 Sesame St,
PHONE NUMBER :	321654987	CITY, STATE, ZIP CODE :	Manila,NY,123456
ADDRESS :		DOCTOR NAME :	testing
ADDRESS2 :		DOCTOR NPI NO. :	54
PATIENT INSURANCE NAME :	Medicare	PATIENT INSURANCE NO. :	12345678900
CITY, STATE, ZIP CODE :	Mexico ,IL,123456	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :			
SPECIAL INSTRUCTION :			

☒**PT/INR**
☐**A1C**
☐**blood**

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	