True Laboratories LLC

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

PATIENT LAST NAME :	pat	REQUEST DATE :	2017-05-26
PATIENT FIRST NAME :	honey	CLINIC/AGENCY NAME :	Harman
DATE OF BIRTH :	05-01-2017	OFFICE NUMBER :	
AGE :	0	FAX NUMBER :	146011
GENDER :	male	ADDRESS :	Chandiagarh,Chd
PHONE NUMBER :	123456789	CITY, STATE, ZIP CODE :	Punjab,Hoshiarpur,433334
ADDRESS :	chandigarh	DOCTOR NAME :	Harman
ADDRESS2 :	chandigarh	DOCTOR NPI NO. :	2322
CITY, STATE, ZIP CODE :	chandigarh,chandigarh,12345	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :		Array	
SPECIAL INSTRUCION :		very slow	

☐**blood**
☐**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	