True Laboratories LLC

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

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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) :					
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					