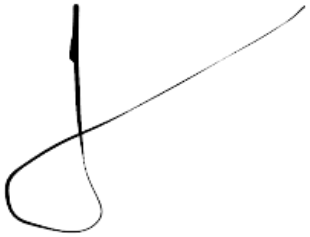
True Laboratories LLC

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

PATIENT LAST NAME :	sharma	REQUEST DATE :	2017-06-01
PATIENT FIRST NAME :	rahul	CLINIC/AGENCY NAME :	
DATE OF BIRTH :	05-29-2017	OFFICE NUMBER :	
AGE :	47	FAX NUMBER :	3567899
GENDER :	male	ADDRESS :	A,A1
PHONE NUMBER :	23456677	CITY, STATE, ZIP CODE :	Chd,Chd,4677888
ADDRESS :	a2	DOCTOR NAME :	Neha doc
ADDRESS2 :	a2	DOCTOR NPI NO. :	567888
CITY, STATE, ZIP CODE :	chd,chd,123346788	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :			
SPECIAL INSTRUCION :	eye prbm		

☒**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	