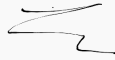


# True Laboratories LLC

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

PATIENT LAST NAME :	test	REQUEST DATE :	2017-07-24
PATIENT FIRST NAME :	test	CLINIC/AGENCY NAME :	qwerty agency
DOB :	2017-05-09	OFFICE NUMBER :	5437567867898
AGE :	44	FAX NUMBER :	75786789
GENDER :	male	ADDRESS :	a1,a2
PHONE NUMBER :	9808765456	CITY, STATE, ZIP CODE :	ddf,dfdff,frff
ADDRESS :	test	DOCTOR NAME :	vipul
ADDRESS2 :	test	DOCTOR NPI NO. :	66655676
PATIENT INSURANCE NAME :	test	PATIENT INSURANCE NO. :	6787654567
CITY, STATE, ZIP CODE :	test,test,123456	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	dia3		
SPECIAL INSTRUCTION :	testing		

- ☐PT/INR  
☐AIC  
☒blood  
☐glucose

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

