


# True Laboratories LLC

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

|                            |                 |                                      |  |
|----------------------------|-----------------|--------------------------------------|--|
| PATIENT<br>LAST NAME :     | neha            | REQUEST DATE :                       | 2017-07-07   |
| PATIENT<br>FIRST NAME :    | anshul          | CLINIC/AGENCY NAME :                 | neha   |
| DATE OF<br>BIRTH :         | 2016-11-01      | OFFICE NUMBER :                      |  |
| AGE :                      | 1               | FAX NUMBER :                         | 12345679900  |
| GENDER :                   | Male            | ADDRESS :                            | a1,a2  |
| PHONE<br>NUMBER :          | 0987655423      | CITY, STATE, ZIP CODE :              | chd,pun,1234566  |
| ADDRESS :                  | a2              | DOCTOR NAME :                        | neha   |
| ADDRESS2 :                 | a2              | DOCTOR NPI NO. :                     | 12345556   |
| CITY, STATE,<br>ZIP CODE : | chd,pun,1456778 | DOCTOR/REPRESENTATIVE<br>SIGNATURE : |  |
| DIAGNOSIS (ICD 10) :       | qwe             |                                      |  |
| SPECIAL INSTRUCTION :      | very sensitive  |                                      |  |

☒PT/INR

☐AIC

☐test

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