


True Laboratories LLC

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

PATIENT LAST NAME :	Delete	REQUEST DATE :	2017-07-15
PATIENT FIRST NAME :	ThirdDay	CLINIC/AGENCY NAME :	true laboratories llc
DOB :	1970-07-14	OFFICE NUMBER :	7086205795
AGE :	44	FAX NUMBER :	7086205215
GENDER :	male	ADDRESS :	6956 155th Pl,
PHONE NUMBER :	123456789	CITY, STATE, ZIP CODE :	Orland Park,IL,60455
ADDRESS :	3 Delete Dr	DOCTOR NAME :	Dr. TrueLab
ADDRESS2 :	Apt 3	DOCTOR NPI NO. :	456123789
PATIENT INSURANCE NAME :	Delete Insurance	PATIENT INSURANCE NO. :	654321987123
CITY, STATE, ZIP CODE :	Delete City,DL,987654321	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :		Stroke	
SPECIAL INSTRUCTION :		Delete 3rd day	

☒PT/INR
☐AIC

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

