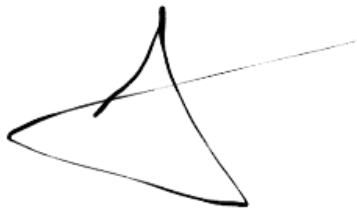


True Laboratories LLC

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

PATIENT LAST NAME :	dfdf	REQUEST DATE :	2017-05-31
PATIENT FIRST NAME :	fd	CLINIC/AGENCY NAME :	
DATE OF BIRTH :	05-02-2017	OFFICE NUMBER :	
AGE :	0	FAX NUMBER :	null
GENDER :	female	ADDRESS :	Chandiagarh,Chandiagarh
PHONE NUMBER :	434343	CITY, STATE, ZIP CODE :	Punjab,Hsp,433334
ADDRESS :	dfdf	DOCTOR NAME :	Harman
ADDRESS2 :	dfdf	DOCTOR NPI NO. :	undefined
CITY, STATE, ZIP CODE :	dsfdfs,dfdf,3433	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	gg		
SPECIAL INSTRUCION :	grgr		

- ☒ **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

