


# True Laboratories LLC

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

PATIENT LAST NAME :	kaur	REQUEST DATE :	2017-07-08
PATIENT FIRST NAME :	harman	CLINIC/AGENCY NAME :	vipul
DATE OF BIRTH :	2017-06-14	OFFICE NUMBER :	
AGE :	0	FAX NUMBER :	2345454665
GENDER :	Male	ADDRESS :	a1,a2
PHONE NUMBER :	445545566	CITY, STATE, ZIP CODE :	chd,pun,1234566
ADDRESS :	a2	DOCTOR NAME :	vipul
ADDRESS2 :	a2	DOCTOR NPI NO. :	12343554
CITY, STATE, ZIP CODE :	chd,pun,123455657	DOCTOR/REPRESENTATIVE SIGNATURE :	
DIAGNOSIS (ICD 10) :	d1		
SPECIAL INSTRUCION :	fvdfvfvf		

☒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