OFELIA L. MENDOZA MATERNITY & GENERAL HOSPITAL

MOJON CITY OF MALOLOS BULACAN TEL NO. (044) 794-71-13 EMAIL ADD: olmmgh@yahoo.com

Patient Name:	Age:	Sex:
ROOM:	Date:	

		<u>FE</u>	CALYSIS		
Color:			RESULTS:		
Consistency:					
Pus Cells:		/ HPF			
Red Cells:		/ HPF			
fats					
MEDICAL TECHNOLOGIST			PATHOLOGIST		
License No.:			License No ·		