



# Medicare Clinic

Address: 123 Street, City, Country

Phone: +1234567890 | Email: info@example.com

## Lab Test Report

**Patient Name:** Patient2

**Test Title:** Lab Results 2

**Date Created:** Feb. 2, 2024

Test Panel	Result	Reference Value
Creatinine	78	

**Notes:**

Creatinine,

**Requested By:**