**LABORATORY EXAMINATION REFERRAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | ${pn} | Age | ${age} |
| Address | ${ad} |  |  |

${x} X-ray ${cbc} CBC ${ur} Urinalysis ${fe} Fecalysis ${pe} Physical Examination

${d} Dental ${hb} Hepatitis B Screening ${pt} Pregnancy Test ${dt} Drug Test

${m8} Magic 8:

${fbs} FBS ${li} Lipid Profile ${bun} BUN ${bua} BUA ${cre} Creatine ${sgp} SGPT ${sgo} SGOT

${oc} Others: \_\_\_${oth}\_\_\_

|  |  |  |
| --- | --- | --- |
| **${n\_n}** |  | **${sp\_n}** |
| *Signature Over Printed Name*  *School Nurse*  *License Number: \_${n\_l}\_*  *PTR No: \_${n\_ptr}\_* |  | *Signature Over Printed Name*  *School Physician*  *License Number: \_${sp\_l}\_*  *PTR No: \_${n\_ptr}\_* |

**✂----------------------------------------------------------------------------------------------------------------------------------------**

PNC:AF-FO-06 rev.0 02012023

A picture containing logo

Description automatically generatedRepublic of the Philippines **Pamantasan ng Cabuyao**  
(University of Cabuyao)

***Administration and Finance Division***

***University Health Department***

Katapatan Mutual Homes, Brgy. Banay-banay, City of Cabuyao, Laguna 4025

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|  |  |  |
| --- | --- | --- |
| **${n\_n}** |  | **${sp\_n}** |
| *Signature Over Printed Name*  *School Nurse*  *License Number: \_${n\_l}\_*  *PTR No: \_${n\_ptr}\_* |  | *Signature Over Printed Name*  *School Physician*  *License Number: \_${sp\_l}\_*  *PTR No: \_${n\_ptr}\_* |