**LABORATORY EXAMINATION REFERRAL FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Age |  |
| Address |  |  |  |

🞏 X-ray 🞏 CBC 🞏 Urinalysis 🞏 Fecalysis 🞏 Physical Examination

🞏 Dental 🞏 Hepatitis B Screening 🞏 Pregnancy Test 🞏 Drug Test

🞏 Magic 8:

🞏 FBS 🞏 Lipid Profile 🞏 BUN 🞏 BUA 🞏 Creatine 🞏 SGPT 🞏 SGOT

🞏 Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature Over Printed Name*  *School Nurse*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |  | *Signature Over Printed Name*  *School Physician*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |

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

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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|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature Over Printed Name*  *School Nurse*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |  | *Signature Over Printed Name*  *School Physician*  *License Number: \_\_\_\_\_\_\_\_\_*  *PTR No: \_\_\_\_\_\_\_\_\_\_\_\_* |