

Drod-fi Laboratory



Contacts: [Phone Number], **Location:** []

Test No: No. 04

Date: [Time Stamp]

Personal Information



Name: [Patient Name]

Phone:

Email:

Spouse:

Number of Children:

Sex:

Medical History

Disease Tested:..... **Results:**

Next of Kin Information

Name:..... **Relationship:**..... **Contact:**.....

Comments and Recommendations

If positive:

See physician immediately for medical attention.

Else:

Continue taking care of your health buddy

Signature

Signature:.....

Date:.....

Scanner Image:

[Image Here]