



## **Laboratory Request**

Patient: **ZACHARY GO Consult Date:** 2023-10-04

**MALE** Age: 50 Sex:

## Diagnosis:

I10: Essential (Primary) Hypertension: Essential (Primary) Hypertension

E11: Type 2 diabetes mellitus

## **Laboratory Tests:**

Complete Blood Count (CBC) Blood Urea Nitrogen (BUN)

Serum Glutamic Pyruvic Transaminase (SGPT)

Serum Glutamic-Oxaloacetic Transaminase (SGOT)

Urine Albumin-Creatinine Ratio (uACR)

HbA1c

Potassium

Sodium

**Blood Uric Acid** 

Creatinine

**Urinalysis** 

Fasting Blood Sugar (FBS)

**Fasting Lipid Profile** 

## Visit your nearest Maxicare Primary Care Clinic

https://www.maxicare.com.ph/services/visit-locations/

Please confirm your appointment with your selected laboratory before proceeding with laboratory testing.

This request is under the Maxicare Best Life Wellness Program. This prescription is only valid for availment in Maxicare's Primary Care Clinics and Maxicare's HomeCare Program.

ASHLEY FLORES

PRC No. 154869 PTR No.

