

Prepared by: _____

WJE Diagnostic Laboratory

Blk 6 lot 34 A Brgy. San Pedro Sapang Palay City of San Jose del Monte, Bulacan San Pedro Pharmacy and Diagnostic Clinic Bldg. TEL. No. 09123456789 DOH Lic. No. 123456789

Name: Physician: Date: Age: Gender: **HEADERS TEST RESULTS** REFERENCE VALUE Earnings: **Deductions:** Deducted Unpaid _____ TOTAL 0.00 **TOTAL** 0.00 0.00 **NET PAY** 0.00

Department Head

Approved by: ___

Division Head

Noted by: _____