



**WJE Diagnostic Laboratory**  
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TEL. No. 09123456789  
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Name:  
Age:  
Gender:

Physician:  
Date:

HEADERS		
TEST	REFERENCE VALUE	RESULTS

NET PAY		0.00
Earnings:	Deductions:	Deducted Unpaid
Prepared by: _____	Noted by: _____	Approved by: _____
TOTAL	TOTAL	0.00
	Department Head	Division Head
		0.00