

طلب تحالیل طبیت Laboratory Request

EMR No: 0000095

Patient Name: Manish PATEL

AGE:

| No | Patient Name | Investigation Name | Note                    | Doctor Name |
|----|--------------|--------------------|-------------------------|-------------|
| 1  | Manish       | MRI                | need to do MRI for head | Haya        |

Date: 26-09-2019

Doctor Name: Haya