

طلب تحالیل طبیت Laboratory Request

EMR No: 0000496

Patient Name: ??? ???????

AGE: 29

| No | Patient Name | Investigation Name | Note | Doctor Name |
|----|--------------|--------------------|------|-------------|
| 1 | ??? | ??? ???? | Jvk | Dr. Princy |

Date: 23-11-2019

Doctor Name: Dr. Princy