**URINALYSIS**

**\**

|  |  |  |  |
| --- | --- | --- | --- |
| MEDICAL REC NO. |  | PHYSICIAN/COMPANY |  |
| NAME | **JOSHUA** | DATE OF REQUEST |  |
| AGE/GENDER |  | DATE PERFORMED |  |
| DATE OF BIRTH |  | DATE RELEASED |  |

* **GROSS EXAMINATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| COLOR | |  | | TRANSPARENCY | |  | |
| PROTEIN |  | SUGAR |  | SPEC. GRAV. |  | pH |  |

* **MICROSCOPIC EXAMINATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Pus Cells/HPF |  | Amorphous urates |  |
| RBC/HPF |  | Amorphous phosphates |  |
| Epithelial Cells |  | Casts |  |
| Mucus threads |  | Crystals |  |
| Bacteria |  | Others |  |

|  |  |
| --- | --- |
| **REMARKS** |  |

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