

272 Bonifacic Street Poblacion District, Davao City Tel. No. (082) 322-5657 Mobile No. 0922-8951192 healthplusdavao@yahoo.com

Name	:	GUTIERR	REZ, PATRICIA JOY U.	Date	: 05/09/2023	
Age	:	22	Gender : Female	File No.	: 23-1888	
Exam	:	Chest PA	7.	Company	y : SONIC SALES	

Note: This report is based entirely on radiograph examination and should be correlated with clinical and laboratory findings.

RADIOGRAPHIC REPORT

The lungs are clear with no definite evidence of active infiltrates.

Heart is within normal limits in size.

Diaphragm and costophrenic sulci are intact.

The rest of the visualized structures are unremarkable.

IMPRESSION:

- RADIOGRAPHICALLY UNREMARKABLE CHEST FINDINGS

MAN U 9 2023

TERESA CANLAS-BARRIENTOS, MD, FPCR Radiologist

DIEALTHPAUS
DIAGNOSTIC SPECIALISTS. INC.

272 Bonifacio Street Poblacion District Daveo City Tel. No. (082) 322-5657 Mobile No. 0922-8951192

-	Gender: F		SONIC SALES		J.O. No.: 0023979
	RESULT	NORMAL VALUES		RESULT	NORMAL VALUES
HEMATOLOG		AND DESCRIPTION OF THE PERSON	TWILL CO. HING		
Hemoglobin	127.0	M: 135 - 180 g/L F:120 - 160 g/L	Platelet Count	250.0	140 - 440 × 10 ⁹
Hematocrit	0.38	M: 0.40 - 0.54 F: 0.36 - 0.48	Reticulocyte Count		0.005 - 0.015
RBC Count	4.22	M: 4.5 - 6.0 x 10 12 F: 4.0 - 5.5 x 10 12	ESR		M:0 - 15 mm/hr F:0 - 20 mm/h
WBC Count	6.5	5-10×10 ⁹	Bleeding Time		1 -3 mins
D	040		Clotting Time		3 - 6 mins
Differential Co	ount:		Blood Type/Rh		
Segmenters	0.66	0.55 - 0.65	Malarial Smear		
Lymphocyte	0.31	0.25 - 0.40	morarior Critical		
Monocyte	0.02	0.02 - 0.06			
Ecsinophils	0.01	0.01 - 0.05			
Basophils		0.0 - 0.01	Remarks		

Francine Andrea T. de Guia, RMT PRC No. 0053720 Medical Technologist

JOHN PATRICK C. PADILLA, MD, DPSP PRC NO. 0089855 Pathologist



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GUTIERREZ, PATRICIA JOY U Date: 05/09/2023 Name: Company: SONIC SALES J.O. No.: 0023979 Gender: Female Age: Requesting Physician: URINALYSIS Color Yellow Negative Albumin Clear Character Sugar Negative 1.010 Specific Gravity Reaction 6.0 Microscopic Examination Casts **Epithelial Cells** Moderate a. Hyaline /lpf Renal Cells b. Fine /lpf Mucus Threads Few c. Coarse /lpf Bacteria Moderate /lpf d. Waxy /lpf Pus Cells 2 - 5 /hpf e. WBC RBC 0 - 2 /hpf Crystal Yeast Cells a. Urates Amorphous Urates b. Uric Acid Amorphous Phosphates c. Calcium Oxalate Others c. Triple Phosphate MAY 0 9 2023 Remarks:

Jay Vee C. Villar, RMT PRC No.0049417 Medical Technologist

JOHN PAT C. PADILLA, MD. DPSP RC NO. 0089855 Pathologist

SPECIALISTS

272 Bonifacio Street Poblacion District, Davac City

Tel. No. (082) 322-5657 Mobile No. 0922-8951192 healthplusdavso@yahoo.com

Name: GUTIERREZ, PATRICIA JOY U.

Company: SONIC SALES

Date: 05/09/2023

Age:

22 Gender: Female

Requesting Physician:

J.O. No.: 0023979

Color

Yellowish Brown

FECALYSIS

Soft

Occult Blood

Consistency

Microscopic Examination Ascaris lumbricoides

/hpf

Pus Cells

/hpf

Trichuris trichiura Enterobius vermicularis

/hpf

Red Blood Cells

/hpf

Hookworm Ova

/hpf /hpf

Fat Globules Yeast Cells

Rare

Giardia lambia Blastocystis hominis

/hpf /hpf

Undigested Food Starch Granules

Entamoeba histolytica a. Cyst

/hpf

b. Trophozoite

/hpf

NO OVA OR PARASITE SEEN

Remarks:

Jay Vee C. Wilar, RMT PRC No.0049417 Medical Technologist

JOHN PATROK C. PADILLA, MD. DPSP PRC NO. 0089856 Pathologist



DEPARTMENT OF HEALTH HEALTHPLUS DIAGNOSTIC SPECIALISTS, INC.

272 BONIFACIO ST., BRGY. 33-D, POBLACION DISTRICT, DAVAO CITY, DAVAO DEL SUR

Phone Number 0823225657

DRUG TEST REPORT

QJ962400

CCF No:

202305090004

Name: Birthdate:

GUTIERREZ, PATRICIA JOY UMBAC

07/24/2000

Age: 22

Gender: ,F

Transaction Date Time: 5/9/2023 10:53:00AM

Report Date Time.

5/9/2023 11:00:47AM

Test Method

TEST KIT

Purpose

Private Employment

Requesting Parties

SONIC SALES AND DISTRIBUTION INC

Result

Drug/Metabolite	Result	10
METHAMPHETAMINE	The second secon	Remarks
TETRAHYDROCANNABINOL	NEGATIVE	
DROCANNABINOL	NEGATIVE	

Test Conducted By

Approved By

FRANCINE ANDREA TAMBOR DE GUIA

Analyst

DR JOHN RICK CALANOG PADILLA 25

Head of Laboratory

Valld Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

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EP & COMPLETED BY THE	NHEW B			===07772177
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		(PRINT) Signature & Name of He	d of Laboratory (First, MI Last) Date	(mm/dd/yv)
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^{2.} Form DT-002B-Copy for the Collection Site
2. Form DT-002C-Copy for the Laboratory
4. Form DT-002D-Copy for the Confirmatory Laboratory (For Positive Sample)