



ML Diagnostic Center

Governor Yulo Drive Brgy. Quezon Arevalo, Iloilo City
Telephone No.: (033)3215439, 09392828878 and 09667562388
DOH License No.: 06-0279-21-CL-2

Name: **MENDOZA, ALLAN**
Age: **45**
Birthdate: **May 2, 1980**
Address: **MANILA**

Patient ID: **ML-000002**
Gender: **MALE**
Physician:
Date: **October 22, 2025**

URINALYSIS

PHYSICAL PROPERTIES	RESULT
Color	_____
Transparency	_____
Reaction	_____
Specific Gravity	_____
CHEMICAL TEST	
Sugar	_____
Albumin	_____
MICROSCOPIC FINDINGS	
Pus Cell	_____
RBC	_____
Amorphous	_____
Squamous Epithelial Cells	_____
Mucus Threads	_____
Bacteria	_____

***Laboratory results must be clinically correlated by your attending physician.*

October 22, 2025

JUAN DELA CRUZ
Lic. No. 0000001
Medical Technologist

October 22, 2025

JUAN DELA CRUZ
Lic. No. 0000001
Pathologist