



Healthkind Lab

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Serial : 2004617

Barama Road, 781335

Near D.C. Office

Contact Us : 6026351898 / healyou400@gmail.com

Name of the patient : **Nishal Barman**
Age : **1 Months**, Gender : **Male**
Referred by Dr. : **Self**
Sample Type : **Urine**

Billing Date : **29/10/2022**
Sample (Lab No.) : **123456**
Date of collection : **29/10/2022**
Date of report : **29/10/2022**

REPORT ON : URINE EXAMINATION

Status

PHYSICAL EXAMINATION

Colour :	21
Appearance :	21
Deposit :	21
Sp. Gravity :	21

CHEMICAL EXAMINATION

Reaction :
Sugar :
Albumin :
Phosphate :

MICROSCOPIC EXAMINATION

Pus Cell :	/HPF
R.B.C :	
Ep. Cells :	
Casts :	
Crystals :	

****End of Report****

SIGNATURE OF PATHOLOGIST
Dr. R. Kalita

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