

Suite 1601, Medical Plaza Makati, Amorsolo Corner Dela Rosa Sts., Legaspi Village, Makati City Contact #: 09985517815

DIAGNOSTIC PROCEDURE REQUEST

| Name: | ROEL RIVERA | | Age: | 38 |
|----------------------------------|-------------------------|---|-------|--------------|
| Address: | San Miguel, Manila | | Date: | May 30, 2025 |
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| Requeste | ed Tests: | | | |
| • H. P | ylori | | | |
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| Clinical Impression / Diagnosis: | | | | |
| Test | | | | |
| | | - | | |
| Remarks | / Special Instructions: | | | |
| Test 2 | | _ | | |
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MARY YENTL BORAZON, MD

License No.: 126597

Requesting Physician