



Suite 1601, Medical Plaza Makati, Amorsolo Corner
Dela Rosa Sts., Legaspi Village, Makati City
Contact #: 8867-1140; 0998-5517815

DIAGNOSTIC PROCEDURE REQUEST

Name: ROEL RIVERA
Address: San Miguel, Manila

Age: 38
Date: Sep 6, 2025


Requested Tests:

- CBC
- Spec 23
- Spec M

Clinical Impression / Diagnosis:

Remarks / Special Instructions:

Follow-up Date: _____


MARY YENTL Q. BORAZON, MD
License No.: 126597
Requesting Physician