



HealthLab

Accurate on-time results

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

DIAGNOSTIC PROCEDURE REQUEST

Name: WILLIAM RODRIGUEZ

Age: 44

Address: _____

Date: Jul 28, 2025

Requested Tests:

- | | | |
|-----------------|-------------------|--------------|
| • CBC | • Creatinine | • FT4 |
| • Lipid Profile | • SGPT | • TSH |
| • FBS | • SGOT | • Urinalysis |
| • HbA1c | • Blood Uric Acid | |
| • BUN | • FT3 | |

Clinical Impression / Diagnosis:

Remarks / Special Instructions:

Follow-up Date: _____


MARY YENTL BORAZON, MD

License No.: 126597

Requesting Physician