



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

DIAGNOSTIC PROCEDURE REQUEST

Name: FIONNA FAITH RAFER
Address: _____

Age: 20
Date: Sep 7, 2025


Requested Tests:

- Chest X-ray
- CBC with actual platelet count

Clinical Impression / Diagnosis:

Remarks / Special Instructions:

Follow-up Date: _____


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