

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

DIAGNOSTIC PROCEDURE REQUEST

Age: 70

Name: ANA RIVERA

Address:	San Miguel, Manila		Date:	Sep 2, 2025
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Requeste	a resis.			
• 2D-Echo				
Clinical In	npression / Diagnosis:			
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Remarks / Special Instructions:			1	
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Follow-up	Date:	-	License No.: Requesting F	<u> </u>
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