**LABORATORIO**

***PACIENTE******:*** *${name}*

***INDICACIÓN :*** *${indicacion}*

***FECHA*** ***:*** *${date}*

**PARASITOLOGICO SIMPLE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | EXAMEN FISICO DE LAS HECES: | |  |  |  |  |  |  |
|  |  | Deposición de Color ……..: | **Pardo** |  | Consistencia ….. : | | Pastoso | |  |
|  |  | Moco …………………………….: | **Negativo** | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | INVESTIGACIÓN DE PARASITOS: | |  |  |  |  |  |  |
|  |  | Quistes Chilomastix mesnili + + 19/05/14 | | |  |  |  |  |  |