

Laboratory Report
Informe parcial

Name	Test Test	Age	61 Y	Sex	M
Patient ID	GAN200063	Father/Husband's Name			
Requesting Doctor					

Order Date: 31/08/2015

Accession Number: 31082015-007

Test	Result	Unit	Alert	Valid Range
Panel: Altura Fsica				
Corazn				
Capacidad Fsica				
Talla				
Masa Grasa				
Masa				
test hemo	3			
Band Form				
Panel: None				
OI 4000 cps (Audiometra)				
Cerca OI (Capacidad Visual)				
OI 2000 cps (Audiometra)				
Lejana OI (Capacidad visual)				
HbA1c				

Comments	Signature / Validation
	Date:

R = Referred Out A = Above Normal B = Below Normal E = Returned