Patient's Name Mrs. Jaya Chikane

Age / DOB ..... Male ☐ Female ☒

Address .....

.....

Ph. No. ..... Email .....

Ref. By Dr. ..... Ph. No. .....

Serum/SST/Plain		Urine	
EDTA		Heparin	
Fluoride		Sputum	
PT Vial/Citrate		Stool	
		Others	HISTO

SPACE FOR BAR CODE ONLY

Client Signature

S. No.	Test Code	Investigations	Test Amount
1.		Hysterectomy for HPLE	
2.			
3.		Uterus, Ovary Adnexa	
4.		Fallopian Tube	
5.			
6.			
7.			
8.			
9.			
10.			

Clinical History ..... Spotting P.V. Bleeding since 3 months

Drug (If any) ..... Last Dose Time ..... 24 Hr Urine Volume .....

LMP Date Weight Height