# HI-PRECISION diagnostics

Everybody Deserves HI-Quality Healthcare

Customer Care Hotline: 741-7777

## MEDICAL EXAM REQUEST FORM

Date: _____

[x] ANNUAL PHYSICAL EXAM  [ ] PRE-EMPLOYMENT EXAM

**REFERRING COMPANY**

PHARMA NUTRIA N.A INC.

Patient Name: BARCA (Last Name) CARLO JAY (First Name) (Middle Name)

Birthdate: DEC.24, 1993 Age: 28 Sex: MALE

Address: _____

Mobile No.: _____ Tel No.: _____

Test Requests: PACKAGE A: P.E, CHEST XRAY, CBC, URINALYSIS, FECALYSIS, DRUG TEST

Result Dispatch: ( ) Pick-up (X) Send to Company

Mode of Payment: ( ) Cash (X) Charge to Company

*Please Fill-up patient information for faster service.

Authorized Signatory: _____ Jan Michelle P. Yap

Signature Over Printed Name

Contact Number: 09190669868

Form Created: April 20, 2017

Form Revision: 6

HPD_F_066