|  |  |  |  |
| --- | --- | --- | --- |
| Fecha  |       | Hora |       |
| Nombres |       | Edad |       |
| Apellidos |       | Genero |       |
| D. Identidad |       | Diagnostico |       |
| Dirección |       | Teléfono |       |
| Entidad |       | Recibo |       |
| EXAMENES REMITIDOS | TIPO DE MUESTRA |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| ENTREGA |       | Laboratorio |       |
| RECIBE |       | Laboratorio |       |