MAPÚA UNIVERSITY
HEALTH SERVICES

For the Account of:

GREPA MEDICAL AND DIAGNOSTIC CENTER (GMDC)

Hi-Precision Diagnostics Laboratory
Referral Slip

Patient's Name:_____
Age/Sex:_____
Address:_____

Pls. indicate: ☐ **Manila Campus** ☐ **Makati Campus**
☐ **College** ☐ **Senior Highschool**

Please perform the following medical services and/or procedures on the above named patient:

1. **Ad*missions Medical-Physical Examination*** including dental/oral examination by a GP doctor or Dentist (if available)
2. ***CBC***
3. ***Urinalysis***
4. ***Chest xray***

Important: ***All patients below 18yrs of age are required to be accompanied by a parent or guardian of legal age during all medical examinations or procedure. This form is not valid if not presented with students' Certificate of Matriculation (CM) or Generated Schedule of Assessment (GSA)***

This form is valid at any Hi-Precision Diagnostic Laboratory

Dr. Julius S. Bonifacio
Authorized Signatory