

### Medical Laboratory Report


**Lab Name:** [Illegible]  
**Address:** [Illegible]  
**City:** [Illegible]  
**State:** [Illegible]  
**Zip:** [Illegible]  
**Phone:** [Illegible]  
**Fax:** [Illegible]  
**Website:** [Illegible]

**Patient ID:** [Illegible]  
**DOB:** [Illegible]  
**Sex:** [Illegible]  
**Age:** [Illegible]  
**Sample ID:** [Illegible]

Test Name	Observed Value	Units	Biological Reference Interval
[Illegible]	4.77	[Illegible]	0.0 - 1.0
[Illegible]	17.68	[Illegible]	0.0 - 1.0

**Total Charges:** \$75.44  
**Net Total:** \$0.00

The following information is provided for the convenience of the patient. In addition, the laboratory is not responsible for the interpretation of the results. The laboratory is not responsible for the interpretation of the results. The laboratory is not responsible for the interpretation of the results.

LFT  
 RFT  
 Lipid  
 X-Ray  
 ECG  
  
 [Handwritten signature and date]



**OPD PRESCRIPTION (ଓଡ଼ିଶା ସରକାର)**  
**ଗୋଷ୍ଠୀ ସାମ୍ବିଧ୍ୟ କେନ୍ଦ୍ର, ମୁନିବୁଡ଼ା**  
**ଜିଲ୍ଲା : ରାୟଗଡ଼ା, ଓଡ଼ିଶା**

Name of the Patient: Langkata John Department: \_\_\_\_\_ Age: 33 Sex: F  
 OPD Regd. No.: 1234 Date: 27/12/24  
 Address: \_\_\_\_\_

- Investigations
- Covid Test
- MP Sabin/RTI
- Hb
- CBC
- Widal
- Blood Grouping
- Sickling
- Urine (RIME)
- Urine BHCG
- FRAP/PS/RES
- Specimen for AFP
- Specimen for
- Tissue/Net
- ESR
- Sr. Uric Acid
- KTC
- LFT
- RFT
- Lipid Profile
- X-Ray
- ECG

Complaints of the Patient:

Examination Findings:

Cough (Dry)

Provisional Diagnosis:  
Asthma

2

2. 2178 11

2. Asthma (Dry)

Findings of Investigations:

2

Signature & Full Name of the Doctor

ଓଡ଼ିଶା ସରକାରଙ୍କଦ୍ୱାରା ନିୟନ୍ତ୍ରିତ ଓଡ଼ିଶା ସମସ୍ତ ଔଷଧ ବ୍ୟବସାୟ ନୀତି  
 ଅନୁଯାୟୀ ଓଡ଼ିଶା ସରକାରଙ୍କଦ୍ୱାରା ନିୟନ୍ତ୍ରିତ ଓଡ଼ିଶା ସମସ୍ତ ଔଷଧ ବ୍ୟବସାୟ ନୀତି  
 ଅନୁଯାୟୀ ଓଡ଼ିଶା ସରକାରଙ୍କଦ୍ୱାରା ନିୟନ୍ତ୍ରିତ ଓଡ଼ିଶା ସମସ୍ତ ଔଷଧ ବ୍ୟବସାୟ ନୀତି

ଡାକ୍ତରୀ : ଗୋଷ୍ଠୀ ସାମ୍ବିଧ୍ୟ କେନ୍ଦ୍ର, ମୁନିବୁଡ଼ା







# OPD PRESCRIPTION (ବର୍ତ୍ତମାନ ଚିକିତ୍ସା ପତ୍ର)

## ଗୋଷ୍ଠୀ ସ୍ୱାସ୍ଥ୍ୟ କେନ୍ଦ୍ର, ମୁନିଗୁଡ଼ା ଠିକଣା : ଗାୟଗଡ଼ା, ଓଡ଼ିଶା

Name of the Patient: Indira Kumar Department: \_\_\_\_\_  
 OPD Regd. No: 1075 Date: 10/10/21  
 Address: \_\_\_\_\_ Date: 10/10/21

- Investigations
- Covid Test
- MP SRA/ROT
- Hb
- CBC
- Widal
- Blood Grouping
- Serology
- Urine (R/E/M)
- Urine BHCG
- FES/PPS/RBS
- Spectrum for AFM
- Spectrum for
- Typhoid
- ESR
- Bt, Lysic Acid
- KTC
- LFT
- RFT
- Lipid Profile
- S-Alb
- ECG

Comments of the Patient:

Examination Findings:

Professional Diagnosis:

Advice:

*Handwritten notes:*  
 - Const. +  
 - 2 LITR of water  
 (1) (2)

Findings of Investigations:

*Handwritten signature/initials*

*Handwritten date*

Signature & Full Name of the Doctor



ଓଡ଼ିଶା ଚାକରଙ୍କଦ୍ୱାରା ନିର୍ଦ୍ଦିଷ୍ଟ ଉପକରଣ ଉପରେ ପରୀକ୍ଷା କରାଯାଇଛି ଏବଂ ସଫଳତାପୂର୍ଣ୍ଣ ଫଳାଫଳ ମିଳିଛି ।  
 ଉପକରଣ ଉପରେ ପରୀକ୍ଷା କରାଯାଇଛି ଏବଂ ସଫଳତାପୂର୍ଣ୍ଣ ଫଳାଫଳ ମିଳିଛି ।



ଓଡ଼ିଶା ଚାକରଙ୍କଦ୍ୱାରା ନିର୍ଦ୍ଦିଷ୍ଟ ଉପକରଣ ଉପରେ ପରୀକ୍ଷା କରାଯାଇଛି ଏବଂ ସଫଳତାପୂର୍ଣ୍ଣ ଫଳାଫଳ ମିଳିଛି ।  
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ଠିକଣା : ଗାୟଗଡ଼ା, ଓଡ଼ିଶା