



環球醫學化驗中心

INTERCON DIAGNOSTIC LABORATORY, INC.

Branch: 685 Banawe Street, Quezon City

Tels. No.: 724-0690 • 731-1459

410-5673 • 781-3690

REQUEST FORM

LABORATORY HOURS:

6:30AM-5:00PM (MON.-SAT.)

CLOSED (SUNDAY)

NO NOON BREAK

NAME: _____

AGE: _____ SEX: _____ TEL#: _____ DATE: _____

ATTENDING PHYSICIAN: _____

CLINICAL DIAGNOSIS: _____

PLEASE CHECK:

I. ECHOCARDIOGRAPHY

- | | |
|---|---|
| <input type="checkbox"/> 2D - Echocardiogram | <input type="checkbox"/> 2D-Echo W/ Doppler Study |
| <input type="checkbox"/> Dobutamine Stress Echo | <input type="checkbox"/> Treadmill Exercise Test |
| <input type="checkbox"/> Treadmill Stress Echo | <input type="checkbox"/> 24 Hour Holter Monitor |
| <input type="checkbox"/> Electrocardiogram | |

II. VASCULAR STUDY

- | | |
|--|--|
| Peripheral Arterial <input type="checkbox"/> Lower | Peripheral Venous <input type="checkbox"/> Lower |
| <input type="checkbox"/> Upper | <input type="checkbox"/> Upper |
| <input type="checkbox"/> Carotid Duplex Scan | |

III. ULTRASONOGRAPHY

- | | |
|---|---|
| <input type="checkbox"/> Whole Abdomen | |
| <input type="checkbox"/> Upper Abdomen | <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Spleen <input type="checkbox"/> Gallbladder |
| <input type="checkbox"/> Lower Abdomen | <input type="checkbox"/> Kidney <input type="checkbox"/> Urinary Bladder <input type="checkbox"/> Prostate/Uterus |
| <input type="checkbox"/> HBT - Hepatobiliary Tree | <input type="checkbox"/> Aorta |
| <input type="checkbox"/> KUB - Kidney & Urinary Bladder | <input type="checkbox"/> Adrenal |
| <input type="checkbox"/> Pregnancy Evaluation | <input type="checkbox"/> BPS - Biophysical Scoring |
| <input type="checkbox"/> Pelvic-Uterus & Ovaries | <input type="checkbox"/> Trans - V |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Transrectal |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Testes/Scrotal |

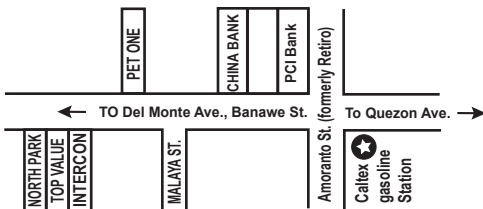
IV. RADIOGRAPHIC

- Chest X-Ray PA view Lateral view
 Apico-Lordotic view

V. Others: _____

Fasting _____ hours.

IMPORTANT: Please call for schedule



- | | | | |
|--------------------------|-----------|--------------------------|---------|
| <input type="checkbox"/> | PAID | <input type="checkbox"/> | PICK-UP |
| <input type="checkbox"/> | CHARGE | <input type="checkbox"/> | SEND |
| <input type="checkbox"/> | FAX _____ | | |
| <input type="checkbox"/> | MAIL | | |