

Sputum Culture Test

Patient Information

Name	
Date of Birth	
Patient ID	
Date of Test	
Symptoms	
Physician	

Test Details

Test Type	
Purpose	
Method	
Pre-Test Instructions	
Post-Test Care	

Results and Interpretation

Pathogens Identified	
Sensitivity Test	
Recommended Treatment	
Additional Notes	

Doctor's Signature

Name & Signature	Date
	