



FATIMA UNIVERSITY MEDICAL CENTER ANTIPOLO CORP.

Km 23 Sumulong Highway, Brgy. Sta Cruz, Antipolo City Philippines

Tel. No.: 727-8845 www.fumc.com.ph

MEDICAL CERTIFICATE

To whom it may concern:

This is to certify that Mr./Mrs./Ms./Baby

of

had been ☒ examined ☐ treated ☐ and/or confined in this hospital from

with the diagnosis of

Said patient is advised to rest for 1 days.

Certified true and correct:

Dr.

Lic. No.

Reg. No.

Date Issued



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NAME: Jan Michelle Yap SEX: F DATE: 5/8/25

DIAGNOSIS:

Rx

① Dneprazole 40 mg po

S: 1-0-0 x 1ub

② Garrison Sachet po

S: 1 sachet as needed

Lic. No. 11247
PTR No. 018100
S2 No. 018100