



THE MEDICAL CITY CLINIC @Robinsons Antipolo

Owned and Operated by: Proser Health Services, Inc
Basement 004, Robinsons Antipolo Expansion, Sumulong Highway
cor Circumferential Road Brgy. Dela Paz Antipolo City
Telephone Number: 83969898 Local: 5871-5877
Email Address: tmccrobantipolo@themedicalcity.com

No 0023

MEDICAL CERTIFICATE

DATE: DEC 4, 2024

To Whom It May Concern:

This is to certify that Mr./ Mrs./ Ms. Mrs. JAN MONTURA year/s old,
with address at San Juan, Antipolo City has consulted/ been treated
under the service of INTERNAL MEDICINE on 12/4/24

DIAGNOSIS:

ACUTE TONSILLOPHARYNGITIS

REMARKS:

> MEDICATIONS PRESCRIBED

[Signature]
ATTENDING PHYSICIAN

LIC. NO. _____

LIOHEL MONTURA
Internal Medicine
Lic. No. 101954

PTR NO. _____

Disclaimer:

This certification is issued upon the patients' request for the office purpose only and not valid as well for medico-legal purposes. The medical evaluation is being issued for the specific purpose being requested, it does not cover clearance from and/ or diagnosis of the Covid 19 virus which should be subject of a separate confirmatory test.



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Email Address: tmccroantipolo@themedicalcity.com

Name YAP, JAN MICHAEL Date 12/4/24

Address _____ Age _____ Sex _____

Rx

AMOXICILLIN 300mg/4b # 28
1 cap every 6 hours (4x a day) ^{to} 12/04/24
for 7 days

DIFFERENT HEART SPRAY # 1

2 sprays every 2 hours as needed
for throat pain/itchiness

LIONEL MANTUA, MD
Internal Medicine
License No. 14-11-14155 PTR M.D.



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Basement Level, Robinsons Antipolo Expansion
Sumulong highway Cor. Circumferential Road
Brgy. Dela Paz, Antipolo City
Tel No. (02) 8396-9898 Local 5871 To 5876
tmccroantipolo@themedicalcity.com

Patient Name: YAP, JAN MICHAEL

Date: 12/4/24

Age: _____ Sex _____
Tel No. _____ Birthday _____

Account Type:
 HMO CASH CORPORATE

Diagnostic Request Form

Chemistry:

- FBS
- Hba1c
- 75-gm OGTT (0, 2h)
- 2-H PPBS
- Lipid Profile
(Chole, Trigly, HDL, LDL, VLDL)
- BUN
- Blood Uric Acid
- Creatinine
- SGPT/ALT
- SGOT/AST
- ALP
- Sodium (Na)
- Potassium (K)
- Chloride (Cl)
- Ionized Calcium (iCa)

HEMATOLOGY:

- CBC
- Platelet Count
- ESR
- PBS
- BT / Rh
- Dengue Blot (IgG IgM)
- Dengue NS 1
- Typhidot
- Prottime
- APTT

MICROSCOPY

- Urinalysis
- Urine-Microalbumin
- Creatinine Ratio
- Urine RBC Morphology
- Fecalysis
- Pregnancy test

SPECIAL MARKERS:

- TSH
- FT3
- FT4
- Total PSA

Bacteriology

- AFB Smear
- TB Culture (Bactec)
- Urine C/S
- Stool C/S
- Wound C/S

CARDIO

- 12 - L ECG
- 2d Echo with DS (Doppler Studies)
- 24HR BP Monitoring
- 24HR Holter Monitoring
- Treadmill Exercise Test
(Bruce/ Mod Bruce Protocol)

ULTRASOUND

- HBT-US
- KUB-US
- Whole Abdomen US
- Pelvic US
- Breast US
- Thyroid US

X-RAY:

- CXR PA
- CXR PA/Lat
- CXR Apico

DIAGNOSIS:

ATP
170 degree fever

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Requesting Physician