

ALEXA & DAVE OPTICAL CLINIC

426 P. Gomez St. Quiapo, Manila
Contact No.: 0908-711-8880 / (8) 634-60-94

LETTER OF CERTIFICATION

Date: AUG 11 2024

To whom it may concern:

This is to certify that LILET CUNANAN has undergone routine visual examination and that, clinical finding show that:

1. He / She is an emmetrope
2. He / She has a refractive error

He / She was advised to wear prescription eyeglasses / contact lenses to maintain good and normal vision.

And the diagnosis is: NEAR SIGHTED W/ ASTIGMATISM

His / Her prescription / spectacles is:

O.D. -4.00 Sph. = -1.00 Cyl. 1.80 axis
O.S. -5.00 Sph. = -1.00 Cyl. 1.80 axis

Add: O.D. N/A Sph. P.D. 62 mm.
O.S. N/A Sph.

Lens Type: SU B.BLU 776
Amount: _____

Frame: _____

Contact Lens Rx:

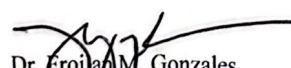
O.D. N/A Power _____ Base Curve _____ Diameter _____ Tint _____
O.S. N/A Power _____ Base Curve _____ Diameter _____ Tint _____

Lens Type: _____
Amount: _____

Lens Brand: _____

This Certification has been issued upon the request of the patient for whatever purpose it may serve him/her.

Respectfully yours,


Dr. Froilan M. Gonzales
Attending Optometrist
P.R.C. License No. 10371

SERVICE INVOICE

№ 0128

Date: 8-11-21

Business Address

[illegible]

TWO THOUSAND FIVE HUNDRED
PAGES

FROM 6074 K

TOTAL SALES	2.52
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Less: Discount
(50/PW01/LAAC/MOVIE)

Less: Withholding Tax

TOTAL AMOUNT	2502
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Solo Parent ID No.:

SC/PWD/NAAC/MOV/

Signature:

**"THIS DOCUMENT IS NOT VALID
FOR CLAIM OF INPUT TAX."**



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