



SAINT FRANCIS DOCTORS' MEDICAL AND DIAGNOSTIC FACILITY

 Masterson Avenue, Upper Canitoan, Cagayan de Oro City 9000

 SaintFrancis.admn@gmail.com  +63 917-321-5246

| | | |
|---|---------------|---|
| Name of Patient: Basbas, Karu | | HMO / O.R. Number: |
| Age: 36 | Sex: F | BirthDay: |
| Address: | | Date: 8/17/23 |
| Contact Number: | | Requesting Physician: Andre R. Mamio, MD |
| Pregnant? Application for women only: _____ Yes _____ No | | License #: 0152452 |

RADIOLOGY REQUEST FORM

| <u>X-RAY</u> | <u>CT-SCAN</u> | <u>ULTRASOUND</u> | <u>PATIENT HISTORY/P.E.</u> |
|--|--|---|-----------------------------|
| <input type="checkbox"/> Skull APLP | <input type="checkbox"/> Brain Plain | <input type="checkbox"/> Whole Abdomen | _____ |
| <input type="checkbox"/> Paranasal Sinuses (PNS) | <input type="checkbox"/> Brain with Contrast | <input type="checkbox"/> Upper Abdomen | for HMA |
| <input type="checkbox"/> Chest AP/PA | <input type="checkbox"/> Whole Abdomen with Contrast | <input type="checkbox"/> Lower Abdomen | _____ |
| <input checked="" type="checkbox"/> Chest PAL (Adult) | <input type="checkbox"/> Upper Abdomen with Contrast | <input type="checkbox"/> KUB (Kidney Urinary Bladder) | _____ |
| <input type="checkbox"/> Chest PAL (Below 12 yrs. Old) | <input type="checkbox"/> Lower Abdomen with Contrast | <input type="checkbox"/> Inguinoscrotal | _____ |
| <input type="checkbox"/> Chest AP (Bucky) | <input type="checkbox"/> Neck with Contrast | <input type="checkbox"/> Transvaginal | _____ |
| <input type="checkbox"/> Pelvis AP | <input type="checkbox"/> Others: _____ | <input type="checkbox"/> Pregnancy Evaluation | _____ |
| <input type="checkbox"/> LumboSacral Spine APL | _____ | <input type="checkbox"/> 4D Ultrasound | _____ |
| <input type="checkbox"/> Thoracolumbar APL | _____ | <input type="checkbox"/> Others: _____ | _____ |
| <input type="checkbox"/> Others: _____ | | _____ | _____ |
| _____ | | | _____ |
| _____ | | | _____ |

Diagnosis:
HMA Urogeny



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Upper Canitoan, Fr. Masterson Avenue, Cagayan de Oro City, 9000 Misamis Oriental, Philippines



Barcode No:

2 131750 135150

Patient Name : **BASUBAS, KAREN EVE LALIS**
Date of Birth : **01-06-1987** Age : **36**
OPD Case No. : **20293**
Company/HMO :
Physician(s) : **AMAMIO, ANDRE ROBLE**

Income Center : **Laboratory**
Transaction No. : **213175**
Document No. : **CA 13515**
Reference Date : **08/18/2023**
Room No. : **1705400**

| Item ID | Item Description | Qty | Price | Discount | Vat | Amount | Remarks |
|----------|--|------|----------|----------|-----|----------|---------|
| LAB00038 | COMPLETE BLOOD COUNT | 1.00 | 160.00 | 0 | 0 | 160.00 | |
| LAB00128 | URINALYSIS | 1.00 | 100.00 | 0 | 0 | 100.00 | |
| LAB00051 | CREATININE | 1.00 | 230.00 | 0 | 0 | 230.00 | |
| LAB00030 | BLOOD URIC ACID (BUA) | 1.00 | 250.00 | 0 | 0 | 250.00 | |
| LAB00110 | SGPT/ALT | 1.00 | 350.00 | 0 | 0 | 350.00 | |
| LAB00091 | NA, K, ICA PACKAGE | 1.00 | 1,000.00 | 0 | 0 | 1,000.00 | |
| LAB00063 | FASTING BLOOD SUGAR | 1.00 | 220.00 | 0 | 0 | 220.00 | |
| LAB00084 | LIPID PROFILE (CHOLESTEROL, TRIGLYCERIDES, HDL, VLDL, LDL) | 1.00 | 1,000.00 | 0 | 0 | 1,000.00 | |

Grand Total ...

3,310.00

Requisition Remarks:

Rendered Remarks:



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E mail address: SaintFrancis.admn@gmail.com

☎: 0917-321-5246

Date:

MEDICAL CERTIFICATE

Out-Patient

TO WHOM IT MAY CONCERN:

This is to certify that MR/MS Basbas, Karen residing at Cuyanon, CPOC was consulted/treated on 8/17/23

- For
1. Hypertension Urgency
 2. Hypertension Stage 2 non
 - 3.

Remarks:

BP control (u) Medications Prescribed, for Hypertension Workup, Advised 1m consult, rest 1 day

This certificate is issued for work purposes only


Andre A. Amadio, MD

License #: 0152452

Attending Physician/Date

License No. _____

PTR No. _____