

SUN T. CO, MD., DPBO

OPHTHALMOLOGIST

Disease, Laser and Microsurgery of the Eye

Clinic Address:

Room 217, Sabal Hospital
Velez St., Cagayan de Oro City

Clinic Hours:

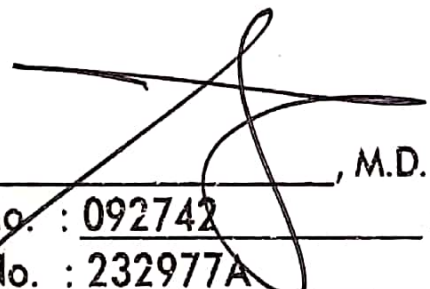
Monday to Friday
9am to 12noon; 1pm to 4pm
Saturday
9am to 12noon

Name of Patient: Paternal, Natalia Date: January 10-2022

Address: _____ Age: 59/F

Rx for visual field testing, on

reading glasses: +2.25 on


_____, M.D.
Lic. No. : 092742
PTR No. : 232977A
S2 No. : _____

SUN T. CO, MD., D.P.B.O.

OPHTHALMOLOGIST

Room: 217, Sabal Hospital
Don A. Velez St. Cagayan de Oro City

MEDICAL CERTIFICATE

To Whom It May Concern:

Date: 10-12-22

This is to certify that Padernal, Nootalia Jasmin has been examined
and treated for T/C Migraine headache on 10-12-22
Mo Glaucoma, m

Remarks: For visual field testing both eyes

THIS MEDICAL CERTIFICATE IS
ISSUED PER REQUEST BUT NOT
VALID FOR MEDICO-LEGAL
PURPOSES.


SUN T. CO, MD., D.P.B.O.

LICENSE NO. 092742

PTR NO. _____