

# MARY FLOR R. GAFATE – ONG, M.D. FPCP, FPCEDM

Internal Medicine - Endocrinology and Metabolism  
Diabetes, Goiter, Osteoporosis, Obesity, and Hormonal Disorders

## CLINIC ADDRESS:

Rm. 409, Asia Pacific Medical Center  
Ungka, Jaro  
Iloilo City  
Tue, Thurs, & Sat. 1:00 – 5:00 p.m.  
Cel No 09128518546

Rm. 205, 2nd Floor  
Medical Arts Bldg.  
Iloilo Mission Hospital  
Mon, Wed, & Fri. 1:00 – 5:00 p.m.  
Cel No 09128518546

## Hospital Affiliations:

The Medical City Iloilo  
Iloilo Mission Hospital  
West Visayas State Univ. Hosp.  
Iloilo Doctor's Hospital  
Healthway - Qualimed Hospital Iloilo  
Asia Pacific Medical Center - Iloilo

Patient: Henneta Millena Date: 1/19/24

8H Fasting  12H Fasting  Non\_Fasting

## BLOOD CHEMISTRY

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> FBS        | <input checked="" type="checkbox"/> Sodium (Na)   | <input checked="" type="checkbox"/> SGOT       |
| <input type="checkbox"/> RBS                   | <input checked="" type="checkbox"/> Potassium (K) | <input checked="" type="checkbox"/> SGPT       |
| <input type="checkbox"/> 1 HPPBG               | <input type="checkbox"/> Calcium (Ca)             | <input type="checkbox"/> Alk. Phosphatase      |
| <input type="checkbox"/> 2 HPPBG               | <input type="checkbox"/> Ionized Calcium (I Ca)   | <input type="checkbox"/> Protein (Total)       |
| <input type="checkbox"/> OGTT ___ gms.         | <input type="checkbox"/> Magnesium (Mg)           | <input type="checkbox"/> Albumin (Non-Fasting) |
| <input type="checkbox"/> HbA1c                 | <input type="checkbox"/> Inorganic Phosphorus     | <input type="checkbox"/> TPAG                  |
| <input checked="" type="checkbox"/> BUN        | <input checked="" type="checkbox"/> Chloride (Cl) | <input type="checkbox"/> Amylase               |
| <input checked="" type="checkbox"/> Creatinine | <input checked="" type="checkbox"/> Lipid Profile |  |
| <input checked="" type="checkbox"/> Uric Acid  |   |  |

## URINALYSIS and FECALYSIS

- |   |   |
|---|---|
| <input type="checkbox"/> Urine Total Protein / Creatinine Ratio | <input type="checkbox"/> Routine Fecalysis  |
| <input type="checkbox"/> Urine Creatinine Clearance (24h)       | <input type="checkbox"/> Fecal Occult Blood |
| <input type="checkbox"/> Urine Total Protein (24h)              | <input type="checkbox"/> Urinalysis         |

## HEMATOLOGY, IMMUNOLOGY, and TUMOR MARKERS

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input checked="" type="checkbox"/> CBC          | <input type="checkbox"/> ASD Titer           | <input type="checkbox"/> HbsAG        | <input type="checkbox"/> Hepa B Profile |
| <input type="checkbox"/> Platelet Count          | <input type="checkbox"/> CRP                 | <input type="checkbox"/> Anti-HCV     | <input type="checkbox"/> PSA (Total)    |
| <input type="checkbox"/> Blood Typing w/ Rh      | <input type="checkbox"/> Free T <sub>3</sub> | <input type="checkbox"/> Anti-Hbs     | <input type="checkbox"/> PSA (Free)     |
| <input type="checkbox"/> Prothrombin Time        | <input type="checkbox"/> Free T <sub>4</sub> | <input type="checkbox"/> Anti-Hbc IgG | <input type="checkbox"/> CEA            |
| <input type="checkbox"/> APTT                    | <input type="checkbox"/> TSH                 | <input type="checkbox"/> Anti-Hbc IgM | <input type="checkbox"/> CA – 125       |
| <input type="checkbox"/> Clotting Time           | <input type="checkbox"/> T <sub>3</sub>      | <input type="checkbox"/> Anti-HAV IgG | <input type="checkbox"/> CA – 19-9      |
| <input type="checkbox"/> Bleeding Time           | <input type="checkbox"/> T <sub>4</sub>      | <input type="checkbox"/> Anti-HAV IgM | <input type="checkbox"/> TPO            |
| <input type="checkbox"/> ESR                     | <input type="checkbox"/> Thyroglobulin (Tg)  | <input type="checkbox"/> Anti-HbsAG   | <input type="checkbox"/> Anti-TPO       |
| <input type="checkbox"/> Hemoglobin & Hematocrit | <input type="checkbox"/> Anti- Tg            |                                       |   |

## CARDIOVASCULAR EXAMINATION

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 2D ECHO PLAIN (2DE)       | <input type="checkbox"/> VENOUS SUPLEX SCAN   | <input type="checkbox"/> Upper Extrem. |
| <input type="checkbox"/> 2D ECHO DOPPLER (2DPD)    |   | <input type="checkbox"/> Lower Extrem. |
| <input type="checkbox"/> ECG – 12 LEADS            |   |  |
| <input type="checkbox"/> CAROTID DUPLEX SCAN       | <input type="checkbox"/> ARTERIAL DUPLEX SCAN | <input type="checkbox"/> Upper Extrem. |
| <input type="checkbox"/> 24 HOUR HOLTER MONITORING |   | <input type="checkbox"/> Lower Extrem. |

## ULTRASOUND

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> WHOLE ABDOMEN | <input type="checkbox"/> KUB w/ PROSTATE | <input type="checkbox"/> NECK          |
| <input type="checkbox"/> KUB           | <input type="checkbox"/> THYROID         | <input type="checkbox"/> OTHERS: _____ |

## XRAY

- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Chest PA     | <input type="checkbox"/> Cervical Spine      | <input type="checkbox"/> Skull AP LAT |
| <input type="checkbox"/> Chest LAT    | <input type="checkbox"/> Thoracolumbar Spine |                                       |
| <input type="checkbox"/> Chest PA/LAT | <input type="checkbox"/> Lumbosacral Spine   |                                       |

**MARY FLOR R. GAFATE – ONG, M.D. FPCP, FPCEDM**

Internal Medicine - Endocrinology and Metabolism  
Diabetes, Goiter, Osteoporosis, Obesity, and Hormonal Disorders

**CLINIC ADDRESS:**

Rm. 409, Asia Pacific Medical Center  
Ungka, Jaro  
Iloilo City  
Tue, Thurs, & Sat. 1:00 – 5:00 p.m.  
Cel No 09128518546

Rm. 205, 2nd Floor  
Medical Arts Bldg.  
Iloilo Mission Hospital  
Mon, Wed, & Fri. 1:00 – 5:00 p.m.  
Cel No 09128518546

**Hospital Affiliations:**

The Medical City Iloilo  
Iloilo Mission Hospital  
West Visayas State Univ. Hosp.  
Iloilo Doctor's Hospital  
Healthway - Qualimed Hospital Iloilo  
Asia Pacific Medical Center - Iloilo

**Rx**

Henrieta Mullena  
76/F

1/29/24

Request for Cranial CT Scan  
(Plain)

Your next Visit is on:

Mary Flor Gafate-Ong, M.D.

Lic. No : 0090256

PTR No. : 8345002

**HOJILLA EYE CLINIC**  
Room No. 2, AJL BLDG  
General Luna St., Iloilo City  
3204079/09399247528

Name: Miller, Henrieta

Date: 1/29/2024

Age: 76

Address: IC.

**Rx**

Pirenoxine (Karyuni) Eye drops

# 4 bottle(s)

Sig: 1 drop 3x a day to Right/Left Eye

  
Mary Grace M. Hojilla MD, DPBO  
Ophthalmologist  
Lic. no. 78753  
PTR: 8093376