executive optical

BRANCH SM MARILAO

MEDICAL CERTIFICATE

PATIENT'S NAME JACKYLYN LEGALPI

PATIENT'S ADDRESS

PATIENT'S ID NO.

BIRTHDATE 6/28/95 AGE 30 GENDER F

CONTACT LENS / SPECTACLE

Rx

	SPH	CYL	AXIS	ADD	VA
OD	-2.75				
OS	-2.00				

DIAGNOSIS MYOPIA

REMARKS CONVERTED GRADE FOR CL

CHECK-UP DATE 2-19-25 DATE ISSUED 2-19-25

This prescription expires on 8-19-25
or One (1) Year from check-up date written above.

ATTENDING DOCTOR CYRILLE JUSTINE STA ROSA, OD OPTOMETRIST LICENSE NO. 0041929, O.D.

LICENSE NO.