WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER
E. Lopez St., Jaro, Iloilo City
"PhilHealth Accredited Health Care Provider"
Tel No.: (033) 320 2431 | Fax No.: (033) 3202623 | Email Address: medcenter@wvsu.edu.ph

BAGONG PILIPINAS

MEDICAL CERTIFICATE

25002483

April 14, 2025
Date

TO WHOM IT MAY CONCERN:

This is to certify that CATOTO, CLAUDIA CECILIENNE BUYCO, 29 YEARS,
(Age)
FEMALE / SINGLE (Sex / Civil Status) of ZONE 6 BRGY UNGKA II, PAVIA, ILOILO (Address)
consulted in this hospital on 04/14/2025 because of FOLLOW UP CHECK-UP

FINAL DIAGNOSIS:

BIPOLAR II MOOD DISORDER

This certificate is issued upon the request of CATOTO, CLAUDIA CECILIENNE
(Name of Person)
for WHATEVER PURPOSE IT MAY SERVE EXCEPT MEDICOLEGAL.
(purpose)

HANNA THEA A. RAMOS, M.D.
Printed Name & Signature of Physician
License No. 0153736

WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER
E. Lopez St., Jaro, Iloilo City
"Philhealth Accredited Health Care Provider"
Tel. No.: (033) 3202431 | Fax No.: (033) 3202623 | Email Address: medcenter@wvsu.edu.ph

CHARGE SLIP

11157843

NO. 11157843

CARDIOVASCULAR UNIT

CATOTO, CLAUDIA CECILIENN

Department: _____ Date: WALK IN
Patient Name: _____
Address: _____ Room: _____
Attending Physician: _____ Requested By: _____

DESCRIPTION	AMOUNT
1 - ECG 12 LEADS	500.00
C/O MC	
TOTAL	500.00

Acknowledged By: _____ Issued By: DENNIS KEITH S. ALINSO
MEDICAL LABORATORY T
Signature Over Printed Name

WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER
E. Lopez St., Jaro, Iloilo City
"Philhealth Accredited Health Care Provider"
Tel. No.: (033) 3202431 | Fax No.: (033) 3202623 | Email Address: medcenter@wvsu.edu.ph

CHARGE SLIP

11168969

NO. 11168969

LABORATORY - MAIN

Department: CATOTO, CLAUDIA CECILIENN Date: _____
Patient Name: _____ WALK IN
Address: _____ Room: _____
Attending Physician: _____ Requested By: _____

DESCRIPTION	AMOUNT
1 - FREE T4 (FT4)	680.00
1 - TSH	720.00
1 - CBC (COMPLETE BLOOD COUNT)	95.00
1 - PLATELET COUNT	95.00
1 - FBS (FASTING BLOOD SUGAR)	65.00
1 - BUN(BLOOD UREA NITROGEN)	105.00
1 - CREATININE	85.00
1 - URIC ACID	115.00
1 - LIPID PROFILE	420.00
1 - SGPT/ALT (ALANINE AMINOTRANSFERASE)	160.00
1 - SGOT/AST (ASPARTATE AMINOTRANSFERASE)	160.00
1 - EXTRACTION FEE (LABORATORY)	150.00
MC	
TOTAL	2,735.00

Acknowledged By: _____ Issued By: RIA MAE D. GAR
Signature Over Printed Name