C A P I T O L UNIVERSITY MEDICAL CENTER

CAPITOL UNIVERSITY MEDICAL CENTER

San Pedro, Gusa, Cagayan de Oro City

TEL: 723215; 728457;712417;712621;8564970;8564730

CUMC-ANC-MRS-QF-01-00

Date:

10/15/2024

| TO WHOM IT MAY CONCERN: MEDICAL CERTIFICATE TO WHOM IT MAY CONCERN: |
|---|
| This is to certify that the person named hereunder has the following record of confinement/consultation and treatment in this hospital. |
| NAME: PABILONA, Syrc) R. AGE: 26 SEX: F CS: Married |
| ADDRESS: Tuburan, COO NATIONALITY: OCCUPATION: |
| RECORD OF CONFINEMENT/CONSULTATION In-Patient record No. Period of Confinement: |
| Date of Consultation and treatment: |
| Final Diagnosis: Necrotizing SAF tissue imection, Dleg, middle/grd, anterior |
| |
| |
| |
| |
| Services/Operation Performed: Would demindement |
| |
| |
| Probable Disability/Healing Period: 14 days |
| Remarks: |
| Issued upon request of: Politora, Syrt |
| Purpose: For whatever purposes |
| Or Generales Abadies |
| Licen se No. 0103881 Medical Certificate Released to |
| Date Released: |

NOTE: THIS CERTIFICATE IS INVALID UNLESS SIGNED BY THE ATTENDING PHYSICIAN...





Wound Care Ambulatory Unit Room 216-217, 2nd Floor Monday-Saturday (By Appointment 9AM - 5PM) Contact No. (088) 856-4706 local 216 / 0917-709-8871

| NAME: TYREL PABILONA | |
|--------------------------------------|----------------|
| ADDRESS: TURORAN, CAD | |
| AGE/SEX: 16F DATE: OCT. 14 | 2024 |
| | |
| | |
| Rx | |
| ts polaulay | |
| | |
| 1) CLINDAM/CIN 300 mg/cap #(2) | |
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| Sig. 1 cap 3x a day For 7 da | W. |
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| (1 -1-1) \\ \p\ \sqrt{10\frac{1}{2}} | nky |
| (2) CIPROFLOXACIN 500 mg/tab (#1/14 | () |
| (2) CIPROFLOXACIN 500 mg/ tab (# 12 | |
| Gig. 1 tab 2 x a day for 7 do | <i></i> |
| 219. 1 100 00 / 01 00g for 7 00 | JU . |
| \mathcal{M}_{I} | |
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| for. Eft | ungo |
| GERRYLOIUE F | R. ABADIES, MD |
| Lic. No.: <u>010388</u> | |
| PTR No.: | - |
| Follow-up: | |