



ST. IGNATIUS HEALTH FOUNDATION, INC.

Pelaez Sports Complex, Don A. Velez Street
Cagayan de Oro City, 9000 Philippines
Telephone Number: (08822) 728-459
Email Add: sihfi_cdo@yahoo.com

File No.: _____
Date: **DEC 04 2024**

MEDICAL CERTIFICATE

To whom it may concern:

This is to certify that Pabilona, Phaije 1 M
(Name) (Age) (Sex)

a resident of Taglimao, CDR
(address)

was seen and examined by the undersigned on DEC 04 2024 for, cough, Wdx
(date of examination) (chief complaint)

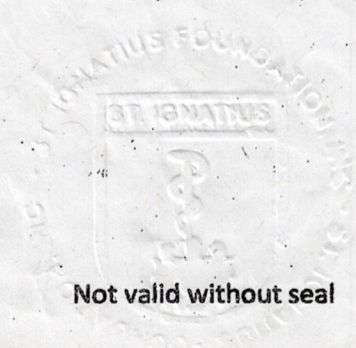
Impression / Diagnosis: Respiratory tract infection prob. PCP-A

Action taken / Procedure(s) done: medications prescribed

Probable Healing Period (barring complications): 5-7 days
) days.

This issued upon request for whatever purpose (except medico-legal) it may serve.

[Signature]
DR. ELIZABETH MARIE B. ROYOGAO, MD
License No. 0099376
PTR No. 5867080, M.D.
Attending Physician
License No.: _____



Not valid without seal