

ERLINDA ENCARNACION PULIDO, M.D.

FAMILY PHYSICIAN CFP

CABIL AVENUE, ILIGAN CITY
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GROSPE POLYMEDIC
3/F East Rosario Heights
Tubod, Iligan City
Tel. No.: 221-5280

Patient's Name: MILKO SIA Date: MAY 30/2024

Address: JUCAN City Age: _____ Sex: M

MEDICAL CERTIFICATE

This is to certify that I have examined
and treated MILKO SIA of my malaria and
headache

He was advised to rest from May 27, 2024
to May 28, 2024.

Diagnosis: Acute Infarction

E. ENCARNACION - PULIDO M.D.
FAMILY MEDICINE
LIC. NO. 35865

ERLINDA ENCARNACION PULIDO, M.D.
Lic. No: 35885
PTR No.: _____
S2 No.: _____