HI-PRECISION DIAGNOSTICS

209 J.P Laurel Avenue, Bajada, Poblacion District, Davao City, Davao del sur Tel No: (082) 287-2584 / Mobile No.: (63) 917-846-4313 / (63) 917-804-5514

Date: 001. 14, 2025

Medical Certification

To whom it may concern,
This is to certify that I have seen and examined Mr./Mrs./Ms. Iton Mmuel N. Brickmit First Name MI Last Name
уears old, single/married, resident of
Patient consulted because of
Impression/Diagnosis:
Home medications:
Recommendations: ADVISED TO KEST FOR 3-5 DAYS. FORM UP AS ADVISED
This certification is issued upon request of Mr./Mrs./Ms for whatever
purpose it may serve him/her, except medico legal.
Marie Gp-Custodio, MD
Examining Physician Signature over Printed Name
Lic. No. 0 144881
PTR No. 0925672

FORM CREATED : September 17, 2014 FORM REVISION : 0

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