



Primary Care - Internal Medicine

Name **RANY PANERIO PALOMAR**

Date **17 February 2025**

Address **Passi City**

Age **33 years**

Sex **M**

Validation Code: V12548-75JME-FE07

Medical Certificate

This is to certify that **RANY PANERIO PALOMAR , 33 years** of age, consulted on **17 February 2025** with the following clinical impression:

LEFT LOWER LEG STRAIN
post-marathon muscle soreness

And would need medical attention/rest for **1 day** barring complications.

Further Recommendations:

- Advised to rest today February 17, 2025
- Fit to work on Feb 18, 2025

Maria Lorliwyn Pollescas, USRN,
MD, FPCP

License No. 0123788

PTR # 1391577

PHIC # 12-051158789-7

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<https://seriousmd.com/doc/maria-lorliwyn-pollescas>





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- Take the prescription as advised
- Advised ER consultation if symptoms worsen
- For verification, email me at mlpollescas@cducm.edu.ph

This certificate is being issued upon the request of the above-mentioned for whatever purpose it may serve, except those of a medico-legal nature.

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