



CLINICA ADARNA

68 A. Luna St., Proj. 4, Q.C. 09568292314 • 09391100175 • 09178171229


MEDICAL CERTIFICATE

This is to certify that Normel Flarigue came for
Patient's Full Name
 consultation / treatment on 10/23/24 for ankle swelling
Date Purpose
 Diagnosis: ankle sprain w/ fracture

Recommendation: Rest for 5 days.
he may go back to work on 10/28/24.

This certification is being issued upon the request of the patient for whatever purpose it may serve him/her best except for medico-legal purposes.

Given this 23 day of October 2024 at Quezon City, Philippines.
Day Month Year


 Andrew R. C. Adarna, M.D.
 License No.: 85105
 PTR: 5092062



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Name: Rommel Flanigan Date: 10/23/24

R_x

Celecoxib 300mg
r/p

f. | — | — | — |

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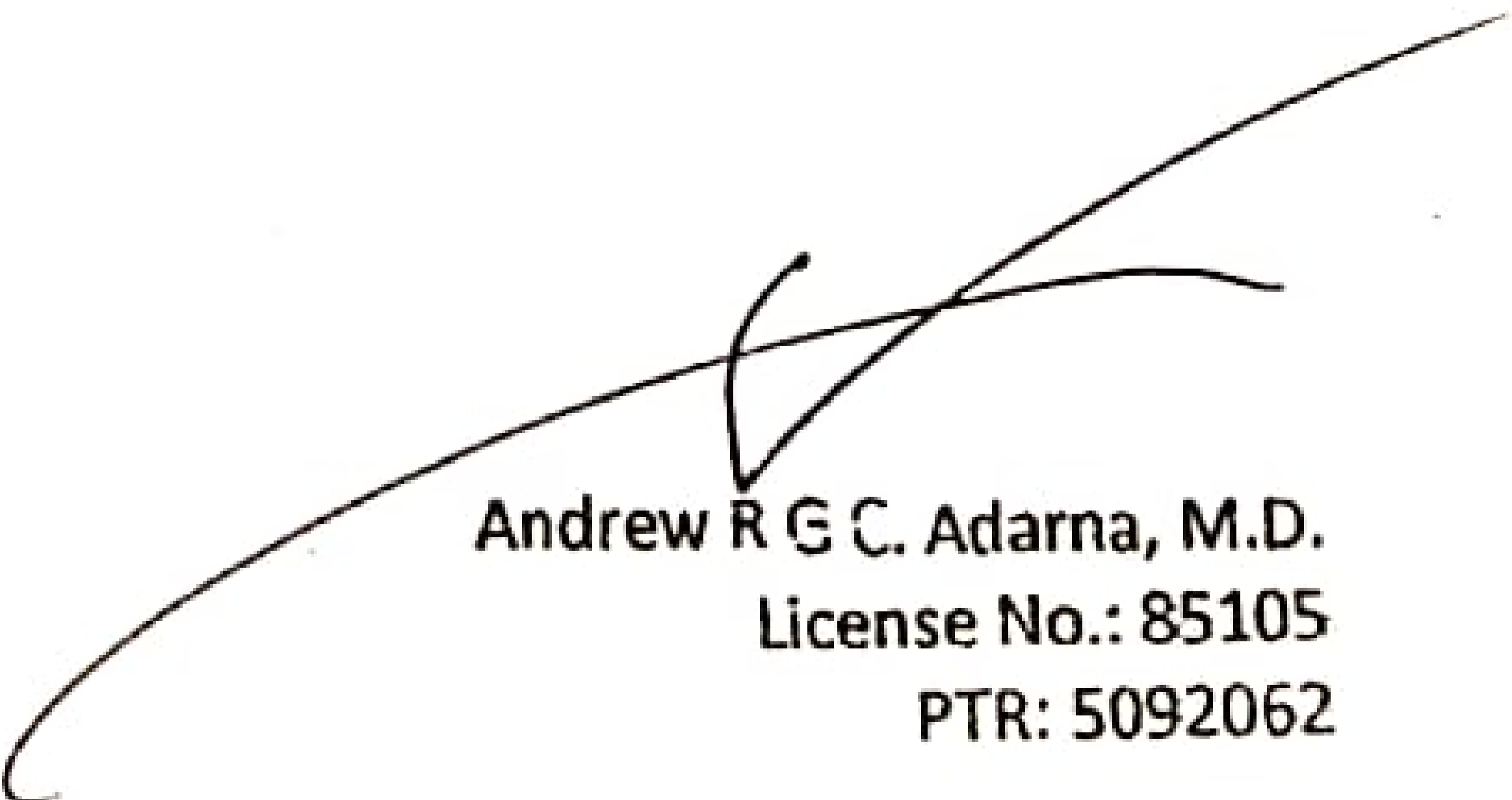
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Name: Rommel Flanigan Date: 10/23/24

Rx

X-ray of (L) ankle





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