DIVINE MERCY
WELLNESS & MEDICAL CENTER
DMWMC A MOUNT GRACE HOSPITAL

MEDICAL CERTIFICATE

Date: **AUGUST 11, 2025** Trace no: **082025-161**

This is to certify that **MARK JOSEPH ROSAL** **33 YEARS OLD** **MALE**
of **CENTRO WEST, SANTIAGO CITY**
was **examined, treated** at the Out-Patient Department on **AUGUST 11, 2025**

CHIEF COMPLAINTS (+): **VEHICULAR ACCIDENT**

Final Diagnosis: **PHYSICAL INJURY SECONDARY TO VEHICULAR ACCIDENT**
Remarks: **ADVISED FOR 2-3 DAYS OF REST**

xxxxxxxxxxxxxxxxxxxx nothing follows xxxxxxxxxxxxxxxxxxxx

This certification is issued upon the request of **MARK JOSEPH ROSAL (ABOVE-NAMED)** for **WORK PURPOSES.**

Attending Physician:

EDWARD ARCHIEVAL B. ANTONIO, MD
RESIDENT DOCTOR ON DUTY
Lic. No.: 127601

Prepared By: ***SHEILYN S. BACUD***
Medical Records Assistant

Form J-oo5: R-1-1015

DIVINE MERCY WELLNESS CENTER, INC.

Arellano Corner Burgos Streets Centro 6 (Pob.) 3500
Tuguegarao City(Capital) Cagayan, Philippines
VAT Reg. TIN — 005-640-975-00000

171548

SERVICE INVOICE

Date 8/11/25

SOLD to CASA / Rosal Mark Joseph
Registered Name
TIN OSCA/PWD ID No. Signature
Business Address Age Gender

Room and Board	Php
Laboratory	
Diagnostic / Imaging	Med. Cert 200
Pharmacy	
ER/DR/OR Fee	
Procedure Fee	
CSSR	
Miscellaneous Fee	
OTHERS	

VATable Sales	
VAT - Exempt Sales	200
Zero Rated Sales	
VAT 12%	

Total Sales (VAT Inc.)	200
Less: VAT	
Amount : Net of VAT	
Less: SC/PWD Disc.	
Amount Due	
Add : VAT	
Total Amount Due	200

Form of Payment:

[ ] Cash
[ ] Check

[ ] CASH [ ] CHECK [ ] CREDIT

Check No.
Bank

Cashier/Authorized Representative

BIR ATP NO. 013AU20250000000081
DATE ISSUED : 01-6-25
APPROVED SERIES NO. 100001-300000
4000 Bkts. (3x) SETS: 50

PRINTER'S NAME:
EILEEN ARANA CANAPI
NORTH POINT PRINTING SERVICES

DIVINE MERCY WELLNESS CENTER, INC.

Arellano Corner Burgos Streets Centro 6 (Pob.) 3500
Tuguegarao City(Capital) Cagayan, Philippines
VAT Reg. TIN — 005-640-975-00000

171541

SERVICE INVOICE

Date 8/11/25

SOLD to Rosal Mark Joseph
Registered Name
TIN OSCA/PWD ID No. Signature
Business Address Age Gender

Room and Board	Php
Laboratory	
Diagnostic / Imaging	CPD Fee 870
Pharmacy	
ER/DR/OR Fee	
Procedure Fee	
CSSR	
Miscellaneous Fee	
OTHERS	

VATable Sales	
VAT - Exempt Sales	870
Zero Rated Sales	
VAT 12%	

Total Sales (VAT Inc.)	
Less: VAT	
Amount : Net of VAT	
Less: SC/PWD Disc.	
Amount Due	
Add : VAT	870
Total Amount Due	

Form of Payment:

[ ] Cash
[ ] Check

[ ] CASH [ ] CHECK [ ] CREDIT

Check No.
Bank

Cashier/Authorized Representative

BIR ATP NO. 013AU20250000000081
DATE ISSUED : 01-6-25
APPROVED SERIES NO. 100001-300000
4000 Bkts. (3x) SETS: 50

PRINTER'S NAME:
EILEEN ARANA CANAPI
NORTH POINT PRINTING SERVICES

DIVINE MERCY
WELLNESS & MEDICAL CENTER
A MOUNT GRACE HOSPITAL
DMWMC

Website: www.dmwmc.com
Email: a.dmwc@yahoo.com
Phone: (078) 844- 2925/ 0906-886-0092
Address: Arellano corner Burgos Streets,
Centro 06, Tuguegarao City, Cagayan, 3500

CASH SLIP - EMERGENCY ROOM

Patient No	: 250179407	Case No.	: 57672	Trans. No.	: 6543512
Name	: ROSAL, MARK JOSEPH -			Doc. No.	: CA 66132
Age/Sex	: 33Y9M17D/M	Birthdate:	: 10/25/1991	Company	:
Room No.	: ER			HMO	:
Doctor	: ANTONIO, EDWARD ARCHIEVAL B.			Diagnosis	:

Rendered Date	: 8/11/2025					
Rendered Time	: 2:42 PM					

Item Description	Generic Name	Price	Qty	VAT	Discount	Amount
OPD FEE - ER	Not Applicable	820.00	1.00	0.00	0.00	820.00
				Total Amount >>>>		820.00

Requested by	:	Rendered by	: ABALOS, MA. FATIMA EGIPTO
Req. Remarks	:	Ren. Remarks	:

PAID
AUG 11 2025

PRESCRIPTION

DIVINE MERCY WELLNESS AND MEDICAL CENTER

Arellano corner Burgos Streets,
Centro 06, Tuguegarao City

DMWMC

Rx

DATE: 8-11-3

NAME: [illegible]

ADDRESS: ______

BIRTH DATE: ______ AGE: ______

[illegible] #10

[illegible]

1 [illegible] 2x

LICENSE #: ______

PTR #: [illegible]

S2 LISENCE #: ______

Form D- 021: R-0-1014

EMERGENCY DEPARTMENT ADMISSION RECORD

DMWMC
DIVINE MERCY
WELLNESS & MEDICAL CENTER
MOUNT GRACE

ARRIVAL MODE: ☐ Ambulatory ☐ Cuddled/ Carried ☐ Stretcher ☐ Wheelchair ☐ Others *(Specify)*:

DATE *(mm/dd/yy)*: 8/11/2025 TIME: 12:12 ☐ AM ☑ PM

CLASSIFICATION OF ARRIVAL: ☐ Walk-in ☐ With admitting order
☐ Referral from: ______________; via: ☐ Ambulance ☐ Private vehicle
☐ Public utility vehicles ☐ Others *(Specify)*:

Patient or patient's legally designated representative shall accomplish Section 2. Please check appropriate boxes.

SECTION 1: PATIENT INFORMATION

☐ **NEW PATIENT** (Accomplish Section 1) ☐ **OLD PATIENT** (Refer to Hospital System)

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ROSAL	MARK JOSEPH	

ADDRESS: #225 Camacam ST. PUROK 7 CENTRO WEST SANTIAGO CITY
☐ Permanent ☐ Present ☐ Homeless
☐ Others: # 09062040015

GENDER:	CIVIL STATUS:	DATE OF BIRTH *(mm/dd/yy)*:	AGE:	BIRTH PLACE *(Town, Province)*:
☐ Male ☐ Female	☐ Single ☑ Married ☐ Widowed/er	10-25-91	33	SANTIAGO CITY

RELIGION:	NATIONALITY:	HEALTH INSURANCE: ☐ HMO: ______ ☐ PhilHealth: ☐ None ☐ Dependent ☐ Non-dependent
CATHOLIC	FILIPINO	

ATTENDING DOCTOR: ☐ No known for this admission.

"All data provided are true and accurate according to my best knowledge."
MARK JOSEPH ROSAL Date: AUG. 11, 2025 Time: ______
NAME & SIGNATURE OF INFORMANT

ED Nurse on Duty shall accomplish Section 2. Please check appropriate boxes.

SECTION 2: TRIAGE TAGGING

☐ **RED** (Critical) ☐ **YELLOW** (Semi - Critical) ☐ **GREEN** (Non - Critical)

INITIAL V/S	BP *(mmHg)*: 120/80	PR/ HR *(bpm)*: 79	RR *(bpm)*: 20	T *(°C)*: 35.6	O2 Sat. *(%)*: 99	FHT (bpm): Loc	WT(kg): 80.3	HT(cm): 163cm

GCS SCORE	E: 4	M: 6	V: 5	TOTAL: 15/15

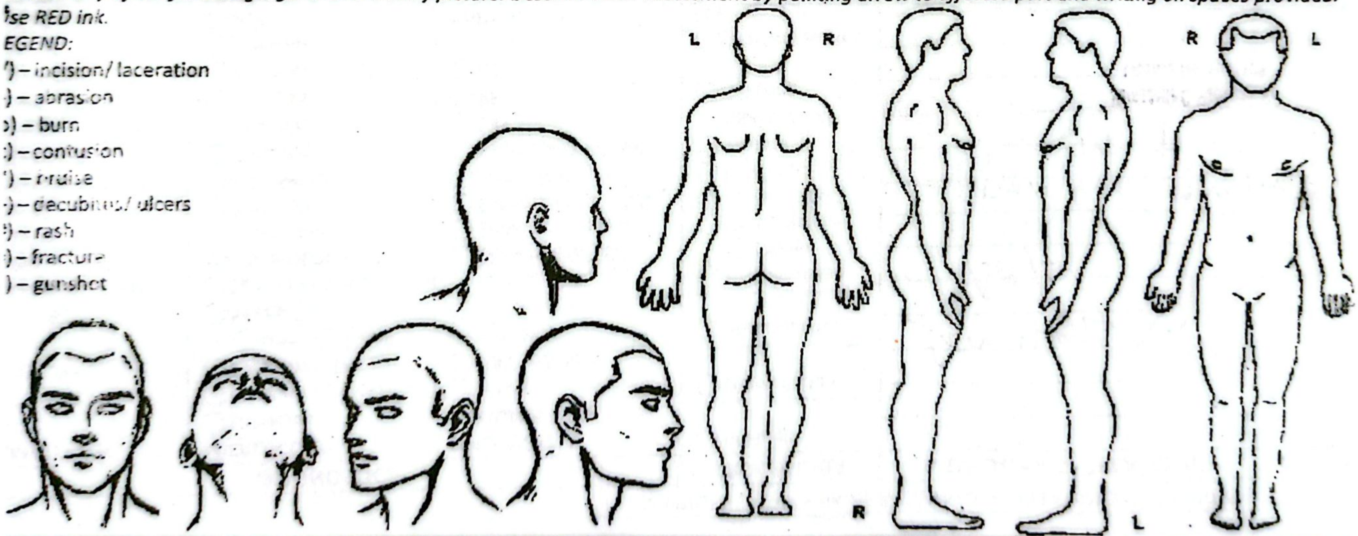
PAIN SCALE *(1-10)*: 6/10

PUPILLARY RESPONSE	LEFT	SIZE *(mm)*: 2m	REACTION: ☑ Brisk ☐ Slow ☐ None	RIGHT	SIZE *(mm)*: 2m	REACTION: ☑ Brisk ☐ Slow ☐ None

GENERAL ASSESSMENT:

Indicate any of the following legend on the body picture. Describe other assessment by pointing arrow to affected part and writing on spaces provided. Use RED ink.

LEGEND:
-) – incision/ laceration
-) – abrasion
-) – burn
-) – contusion
-) – bruise
-) – decubitus/ ulcers
-) – rash
-) – fracture
-) – gunshot



ED Resident on Duty shall accomplish Section 3. Please check appropriate boxes.

SECTION 3: MEDICAL MANAGEMENT

REASON FOR VISIT (Chief Complaint): VA

HISTORY OF PRESENT ILLNESS:	PAST MEDICAL AND SURGICAL HISTORY:	PHYSICIAN'S ASSESSMENT:
NOI VA TOI 0:00am DOI 8-11-25 POI SANTIAGO C/S		GCS 15

ADMITTING DIAGNOSIS/ IMPRESSION: Physical injury 2° to VA

DIVINE MERCY
WELLNESS & MEDICAL CENTER
A MOUNT GRACE HOSPITAL

DMWMC

Name:	ROSAL, MARK JOSEPH		Age: 33	Sex:	MALE
OR NO.:	171431	ROOM: OPD	Case No:	25-5286	
Attending Physician:	DR. E. ANTONIO		Date/Time encoded:	11-Aug-2025	12:34PM

CERVICAL X-RAY, AP AND LATERAL VIEWS

FINDINGS:

Cervical lordosis is maintained.
No vertebral body compression deformities.
Disc spaces are of normal height.
Dens is intact.
Lateral masses of C1 is symmetric. Atlanto-axial joint is not widened.
No acute fracture.
Vertebral heights are within normal.
No listhesis or scoliosis.
Facet and uncovertebral joints are intact.
Paravertebral soft tissues are not widened.

IMPRESSION:

- UNREMARKABLE CERVICAL SPINE.

Thank you for this referral.

D.M. CENTENO III, RMT, MD, FPCR
Radiologist

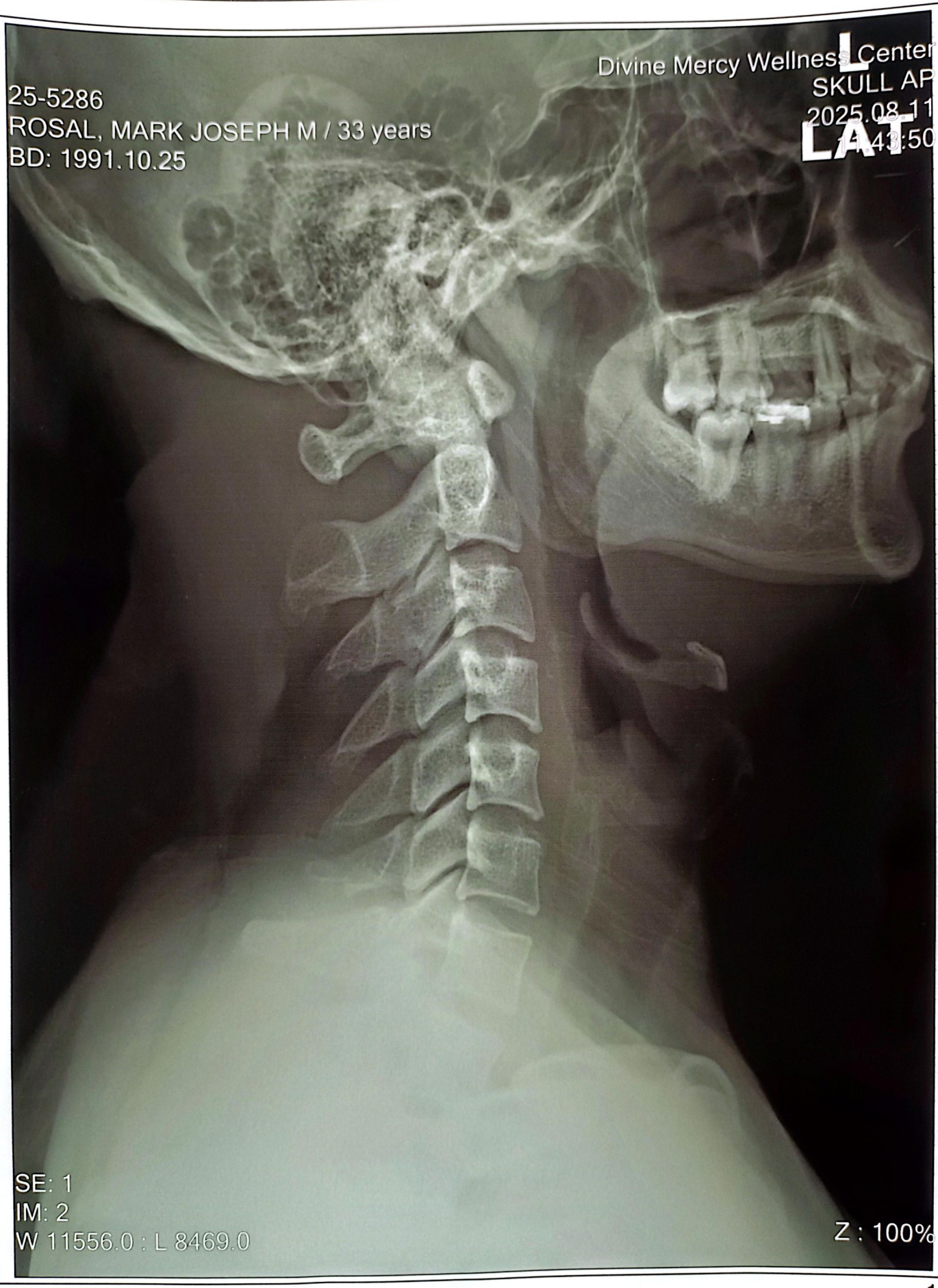
This report is a subjective opinion based on objective findings seen on radiographic examination and should be correlated with clinical, laboratory and other ancillary parameters.

Encoded by:
EMMA I. PACIS, RRT
Radiologic Technologist / License No.: 0021885

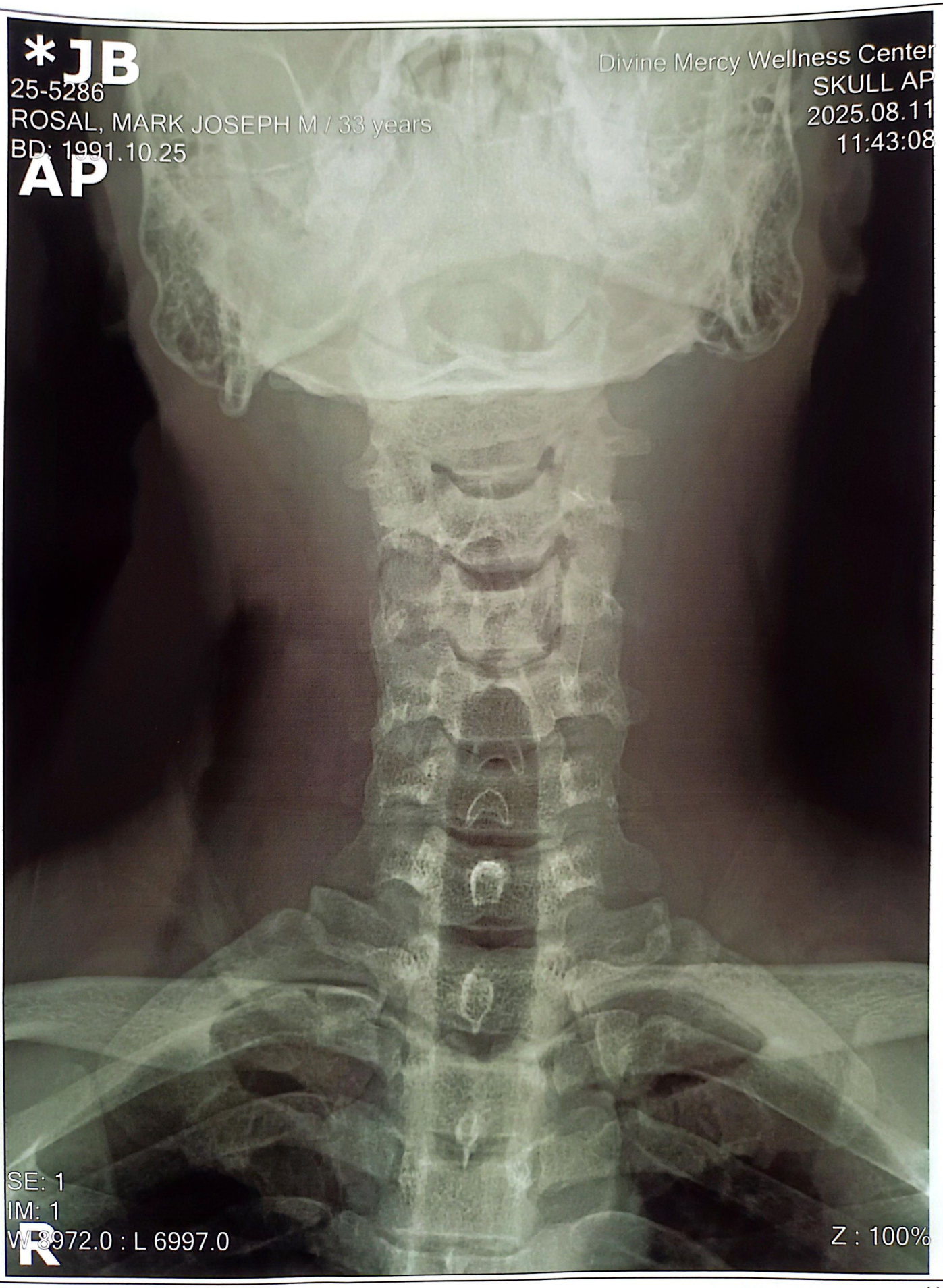
Validated by:
MARC ANGELO T. RAMIREZ, RRT
Radiologic Technologist / License No.: 0018435

Date & Time read:
11-Aug-2025 **2:20 pm**

ID	25-5286	Pat Name	ROSAL, MARK JOSEPH	BirthDay	19911025	Pat Sex	M
Exam Date	20250811	Exam Name	SKULL			BodyPart	SKULL



ID	25-5286	Pat Name	ROSAL, MARK JOSEPH	BirthDay	19911025	Pat Sex	M
Exam Date	20250811	Exam Name	SKULL			BodyPart	SKULL



DIVINE MERCY WELLNESS CENTER, INC.

Arellano Corner Burgos Streets Centro 6 (Pob.) 3500
Tuguegarao City(Capital) Cagayan, Philippines
VAT Reg. TIN — 005-640-975-00000

171503

SERVICE INVOICE

Date 8/11/25

SOLD to ROSAL, MARK
Registered Name
TIN OSCA/PWD ID No. Signature
Business Address Age Gender

Room and Board	Php
Laboratory	
Diagnostic / Imaging	
Pharmacy	33
ER/DR/OR Fee	
Procedure Fee	
CSSR	
Miscellaneous Fee	
OTHERS	

VATable Sales		Total Sales (VAT Inc.)	
VAT - Exempt Sales	33	Less: VAT	
Zero Rated Sales	33	Amount : Net of VAT	
VAT 12%		Less: SC/PWD Disc.	
		Amount Due	
Form of Payment:		Add : VAT	33
		Total Amount Due	

[✓] Cash
[ ] Check

[ ] CASH [ ] CHECK [ ] CREDIT

Check No.
Bank

Cashier/Authorized Representative

BIR ATP NO. 013AU20250000000081
DATE ISSUED : 01-6-25
APPROVED SERIES NO. 100001-300000
4000 Bkts. (3x) SETS: 50

PRINTER'S NAME:
EILEEN ARANA CANAPI
NORTH POINT PRINTING SERVICES

Page 1 of 1

HARMACY

Trans. No. : 6542453 Rendered Date : 8/11/2025
Doc. No. : CA 454038 Rendered Time : 12:51 PM
Company :
HMO :
Room No: :
Diagnosis :

Price	Qty	Gross	Less Vat	Disc.	Net
33.00	1	33.00	0.00	0.00	33.00
Total>>>		33.00	0.00	0.00	33.00

Rendered by : DOMALINA, MAY REALENE DULAY
Ren. Remarks :

AUG 11 2025
171503

DIVINE MERCY WELLNESS CENTER, INC.

Arellano Corner Burgos Streets Centro 6 (Pob.) 3500
Tuguegarao City(Capital) Cagayan, Philippines
VAT Reg. TIN — 005-640-975-00000

171431

SERVICE INVOICE

Date 8/11/25

SOLD to Rosal, Mark Joseph
Registered Name
TIN OSCA/PWD ID No. Signature
Business Address Age Gender

Room and Board	Php
Laboratory	
Diagnostic / Imaging	✓ Cervical AP, Xray 700
Pharmacy	
ER/DR/OR Fee	
Procedure Fee	
CSSR	
Miscellaneous Fee	
OTHERS	

VATable Sales	700	Total Sales (VAT Inc.)	
VAT - Exempt Sales		Less: VAT	
Zero Rated Sales		Amount : Net of VAT	
VAT 12%		Less: SC/PWD Disc.	
		Amount Due	
Form of Payment:		Add : VAT	700
		Total Amount Due	

[✓] Cash
[ ] Check

[✓] CASH [ ] CHECK [ ] CREDIT

Check No.
Bank

Cashier/Authorized Representative

BIR ATP NO. 013AU20250000000081
DATE ISSUED : 01-6-25
APPROVED SERIES NO. 100001-300000
4000 Bkts. (3x) SETS: 50

PRINTER'S NAME:
EILEEN ARANA CANAPI
NORTH POINT PRINTING SERVICES

PRESCRIPTION

DIVINE MERCY WELLNESS AND MEDICAL CENTER
Arellano corner Burgos Streets,
Centro 06, Tuguegarao City

DMWMC

DATE: 8-11-25
NAME: Mark
ADDRESS:
BIRTH DATE: AGE:

Epenisure 10mg tab #6
Sig: as needed

LICENSE #:
PTR #: 1476
S2 LISENCE #:

Form D- 021: R-0-1014