## Guia Elena Imelda R. Ladrera, MD., FPCP,FPCCP,FPSMO

Internal Medicine, Adult Pulmonary Medicine, Medical Oncology



## LUNG CENTER OF THE PHILIPPINES

Doctor's Clinic - Room 1104

M-W-F: 2:00pm - 6:00pm By appointment

Tel. No.: 8924-6101 Loc. 1104

## **MEDICAL CERTIFICATE**

This is to certification of the state of the	ene Risal	ne of patient)	(age and gender) , has been seen/
	(address) (address) (date of examination)	at/via	(clinic / hospital address
mpression:	bronchozenie	Canus po	n-some c Tac NoM
ecommendation:	for motostati	i work up	nu pet-ct
his certification is issued upo	n patient's request for office p	urposes only and not	valid for medico-legal purposes.)
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		Lic. No: _ S2 No.: _ PTR No.:	76890 3564185
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