

# Ma. Rosario Irene D. Castillo

Internal Medicine

Hematology

**UST Hospital**

Sampaloc, Manila

MWF 11-4PM

87313001 loc 1521

**Philippine Heart Center**

East Ave, Quezon City

by appointment

89252401 loc 3418

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**Name:** PRECIOUS LARUAN

**Address:**

**Age:**

**Sex:** Female

January 31, 2023

## REQUEST

RTQ PCR FOR BCR ABL

Jan 31, 2023  
eReseta

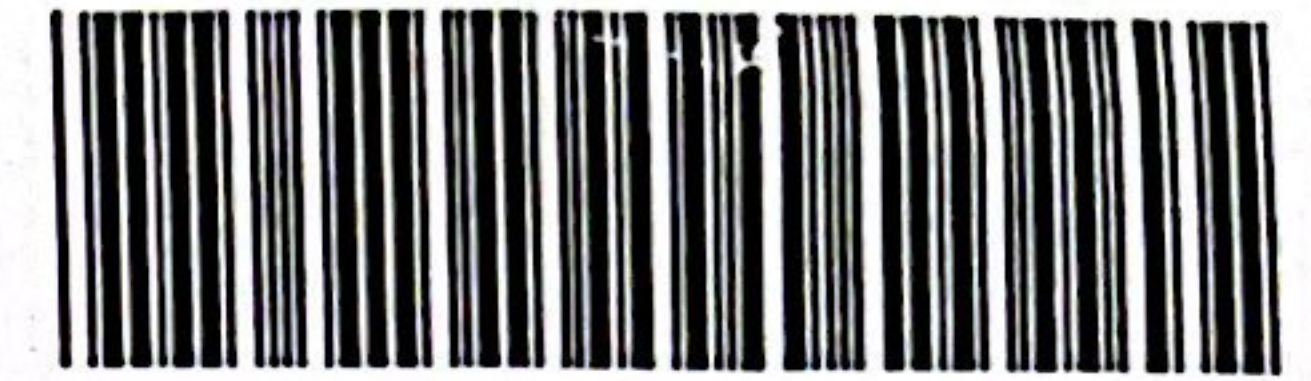


**Ma Rosario Irene D. Castillo**

License # 0056668

PTR # 9423434

National Kidney and Transplant Institute  
East Avenue, Quezon City  
981-0300 loc. 1064/1144



LABORATORY CC SLIP #: **C7119601L**

Original Copy

HOSPITAL NO. : 1602857  
OLD HOSPITAL NO. :  
PATIENT NAME : LARUAN, PRECIOSA CASUYON  
AGE : 37  
SEX : F  
CLASSIFICATION : -

ADMISSION NO. : T1602857C  
DATE/TIME REQUESTED :  
DATE/TIME CHARGED : 02/06/2023 12:56:52PM  
ROOM/WARD : CASH/  
DOCTOR : DR. CASTILLO  
REMARKS : CASH

CODE	PARTICULARS	QTY	PRICE	AMOUNT
1995	(DNA) BCR-ABL BY QRT-PCR	1	15,000.00	15,000.00
142	(PF) PADUA, FLORECITA Reader`s Fee	1	450.00	450.00

GROSS AMOUNT 15,450.00

23 FEB 6 1:07 PM

(SGD.) EDUARDO B. VALDEZ, JR.  
PREPARED BY

Print Date 02/06/2023 12:56:50

\*F - Hemo Free



Official Receipt  
 of the  
 Republic of the Philippines

N<sup>o</sup>. 8904338 K

OR8904338K

Date 02/06/2023 01:00 PM

Agency NATIONAL KIDNEY AND TRANSPLANT INST <sup>STITUTE</sup>  
 Fund  
 TIN No. 000-722-500-000

Payor LARUAN, PRECIOSA CASUYON 1602857

Nature of Collection	Account Code	Amount
LABORATORY C7119601L		₱ 15,000.00
DR. PADUA, FLORECITA ROSARIO		450.00
<b>TOTAL</b>		₱ 15,450.00

Amount in Words Fifteen Thousand Four Hundred Fifty Pesos

<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order	Drawee Bank	Number	Date

Received the amount stated above.

Collecting Officer *[Signature]*

NOTE: Write the number and date of this receipt on the back of check or money order received.