Arlene M. Pine da Rodriguez, M.D., F.P.O.G.S. OBSTETRICIAN-GYNECOLOGIST Fellow, Philippine Board of Obstetrics and Gynecology City of San Fernando, Pampanga 2045) 963-1408 (landline) /Cell. No. 0942-492-7757 / 0918-945-6290

CITY MEDICAL PLAZA (Room 208) (infront of Makabali Hospital) B. Mendoza St., CSFP Monday, Wednesday, Friday: 11:00am - 3:00pm Saturday: 12:00am - 2:00pm

HOSPITAL AFFILIATIONS:
V.L. Makabali Hospital
Our Lady of Mt. Carmel
Medical Center
San Fernandino Hospital
Mother Teresa of Calcutta
Medical Center

In case of emergency, Please proceed to the Delivery Room

MEDICAL CERTIFICATE

To Whom It May Concern: This is to certify that Mr./Ms/Mrs	Date 11.	
years old, single/n 4 V I NMT2, SAN JUM	narried and prese	ntly residing at
has been seen and examined in the and the following diagnosis/medica		
PAPS MUTTIN / CO	MSULTATON	
Remarks:		
This certificate is issued upon the	request of the na	atient Thank you
This certificate is issued upon the	request of the pa	ations. Thank you.

Arlene P. Rodriguez, M.D. Lic. No. 73905 PTR No. S2 No.