RACQUEL C. IBAÑEZ, MD, FPCP, FPCCP

Internal Medicine - Adult Pulmonology

LUNG CENTER OF THE PHILIPPINES
- Room 1104, Doctors' Clinic 1st Flr
  Wednesday 9.00–11:00 AM
  By appointment
  0289246101 loc 1104

THE MEDICAL CITY CLINIC
- Trinoma M'l level
  Wednesday 3.00-5.00pm
  By appointment 0279432256

HEALTHWAY MEDICAL
- SM North EDSA The Block 5th level
  Wednesday 1.00-3.00pm
  By appointment 0277206107

TELECONSULTATION:
- TMC Teleconsult 0283969899
- HealthNow Teleconsult
  www.healthnow.com.ph
- www.natrapharm.hips_md.com
- email address:
  racqs2006md@gmail.com

HOSPITAL AFFILIATIONS: Lung Center of the Philippines, Capitol Medical Center, National Center for Mental Health

MEDICAL CERTIFICATE

This is to certify that Marie Grace Salvadi, 43/F, presently
(name of patient) (age and gender)

residing at _____, has been seen/
(address)

examined/ treated on 10/23/2025 at CMC Rm 208.
(date of examination) (clinic/hospital address)

Impression: acute rhinosinusitis, prob bacterial
r/o otitis media

Recommendation: Medication prescribed
ENT consultation advised
advised rest for 2-3 days
pending results of symptoms

(This certification is issued upon patient's request for office purposes only and not valid for medico-legal purposes.)

RACQUEL C. IBAÑEZ, MD
License No.: 0110579
PTR No: 0848484
S2 License No.: _____

Rosalina A. Bautista, M.D., FPCS, FPSO-HNS

EAR, NOSE, THROAT, HEAD AND NECK SURGERY

DIPLOMATE, PHIL. BOARD OF OTORHINOLARYNGOLOGY
HEAD AND NECK SURGERY

CAPITOL MEDICAL CENTER
Rm. 1007, CMC 4, Quezon Ave. Q.C.
Monday to Friday 1:00 PM-4:00 PM

Tel. Nos.: 8372-3825-41 loc. 5007
CP No.: 0953-199-3526

Patient's Name: _____ Date: _____

Age: _____

Rx

MEDICAL CERTIFICATE

This is to certify that my patient, Salvador, Marie Grace 43 years of age was examined at my clinic on 10/23/2025 and was diagnosed to have **Bilateral Maxillary Sinusitis**.

Procedure(s) done:

Remarks:

-

This MEDICAL CERTIFICATE is issued upon the request of the PATIENT for OFFICE PURPOSES only and is not to be used for Medico Legal Purposes.

Thank you.

Rosalina A. Bautista, M.D.
License#: 67154

CAPITOL MEDICAL CENTER, INC

Quezon Avenue, Quezon City, Philippines 1103 * 83723825
* https://www.capitolmedical.com.ph/ *info@capitolmedical.com.ph

Patient Name:	**SALVADOR, MARIE GRACE DELA CRUZ**	Patient ID:	0134804
Date of Birth:	1/16/1982 Age 43 years	Gender:	F
Procedure:	PARANASAL SINUSES X-RAY, PA LATERAL AND WATERS	Procedure Date:	10/23/2025 4:30 PM
Referring Physician:	IBAÑEZ, RACQUEL	Patient Class / Room#:	Outpatient /

Report Text

FINDINGS:
Haziness of both maxillary sinsues is noted with air-fluid leveling on the left.
The frontal, ethmoid, and sphenoid sinuses are clear.
The nasal septum is midline.
There is no evidence of bone destruction.

IMPRESSION:
Bilateral maxillary sinusitis.

Electronically Signed by: Roger De Venecia, MD, FPCR **On Date:** 10/23/2025 4:28 PM