HI-PRECISION DIAGNOSTICS

209 J.P Laurel Avenue Bajada Brgy. 19-B Poblacion Davao City Mobile No. 0933-8265379/ 0977-8916 '7

Date: July 8, 2003

Medical Certification

To whom it may concern,	
This is to certify that I have seen and examined Mr./Mrs./Ms. Thon Sees I have seen and examined Mr./Mrs./Ms.	muel N. Brother
31 years old, single/married, resident ofP. C.	
Patient consulted because of Fever	
Impression/Diagnosis: Systemic Viral Intersion	
Home medications: Paracefron 500 / fub / hb	every 4 hours
Recommendations: 10 1 and And Infake @ May	to brok to work
This certification is issued upon request of Mr./Mrs./Ms. Barbyte	for whatever
purpose it may serve him/her, except medico legal. For loss! CBC > To come beck > To servely	Examining Physician Signature over Printed Name Lic. No. 0147727 PTR No. 5315210

FORM CREATED : September 17, 2014 FORM REVISION : 0

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