WEST VISAYAS STATE UNIVERSITY MEDICAL CENTER
E. Lopez St., Jaro, Iloilo City
"PhilHealth Accredited Health Care Provider"
Tel No.: (033) 320 2431 | Fax No.: (033) 3202623 | Email Address: medcenter@wvsu.edu.ph

BAGONG PILIPINAS

Date: 10/6/25

MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN:

This is to certify that DARROCA, EARL ANTHONY GUILLERGAN, 26 (Age), Male/Married (Sex/CS)

of Commission Civil St., Brgy. Our Lady of Fatima, Jaro, Iloilo City (Address)

has/had been admitted in this hospital from 10/1/25 to present

because of lower back pain and left leg numbness

WORKING/FINAL DIAGNOSIS:
Left thoracolumbar fracture, L1 burst fracture secondary to fall status post posterior decompression laminectomy L1, spinal instrumentation T12-L2; open reduction and internal fixation - intramedullary nailing left tibia

This certificate is issued upon the request of Darroca, Kristine Anne (Name of Requestor)

for whatever purpose it may serve them best except medicolegal purposes. (Purpose)

Yap, John Alfred
Printed Name & Signature of Attending Physician
License No. 178492

SOCOTEC ISO 9001