



DATE: 11-13-24

MEDICAL CERTIFICATE

To Whom It May Concern,

This is to certify that Mr. /Ms. / Mrs. Castro Claudia

29 years old of Navia rd
Age Address

Was seen and examined on 11-13-24
Date

Complaint: ab. digestiva

Diagnosis: pm ulcerative colitis

Recommendation: med p 1-2 wk

This Certification is issued upon the request of the above mentioned name for whatever purpose it may serve (Excluding legal matters).

Respectfully Yours:
FATH R. SAENZ - FERNANDEZ

Internal Medicine
License # 013107 M.D.
Clinic Physician

License No. _____

STATLAB

Medical and Diagnostic Center

GT Town Center, Brgy. Ungka II Pavia, Iloilo
Email add: statlabinc@yahoo.com

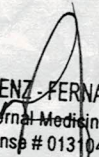
Name: Cabto, Claudia Age: 29 Sex: F

Address: Naval rd

Date: _____

Rx

1. Domperidone 10 mg #21
 f: 1 tablet 3x a day (7)
2. Dmepride 4mg #7
 *f: 1 tablet in 1hr before
 2mins before breakfast*


FAITH R. SAENZ-FERNANDEZ, MD
Internal Medicine
License # 0131046

M.D.

Your next appointment will be on: _____

Lic No. _____

S2 No. _____

PTR No. _____