



ST. PAUL'S HOSPITAL OF ILOILO, INC.

Gen. Luna St. Iloilo City, 5000 Philippines
Tel. Nos. (033) 3372741-49 local 2043 - Fax No. (033) 3351177
Email: sphiloilo@gmail.com • www.sphiloilo.com

Patient Name : **FARIA, RICARDO JR. NGALONGALO**
Date of Birth : **11/14/1993** Age : **28Y** Sex : **M**
Physician : **RETIRO JANE FRANCES CEBALLOS**
Location : **OPD**

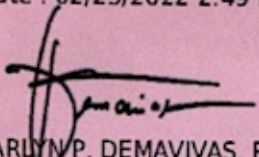
Patient ID : **0169228**
Request No. : **0000625723**
Draw Date & Time : **02/23/22 1:30 PM**
Patient Mobile No. : **0949 9549 674**

HEMATOLOGY DEPARTMENT

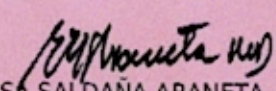
Test	Result	Unit	Normal Range
COMPLETE BLOOD COUNT			
Hemoglobin	12.30	g/dL	14.00 - 17.50
Hematocrit	39.40	%	41.50 - 50.40
Total Red Blood Cell	6.52	$\times 10^6/uL$	4.50 - 5.90
Total White Blood Cell	8.10	$\times 10^3/uL$	4.50 - 11.00
MCV	60.00	fL	80.00 - 96.00
MCH	18.80	pg	27.00 - 33.00
MCHC	31.10	g/dL	32.00 - 36.00
RDW-CV	16.30	%	11.5-14.5
DIFFERENTIAL COUNT			
Neutrophil	67	%	50 - 70
Eosinophil	2	%	0 - 3
Lymphocyte	26	%	20 - 45
Monocyte	5	%	0 - 8
PLATELET COUNT			
PLT Count (Automated)	331	$\times 10^3/uL$	150 - 450
RETICULOCYTE COUNT			
Reticulocyte Count	3.10	%	0.5 - 1.5
Remarks			

Reported Date : 02/23/2022 2:49 PM

Reference No.: 2036456805


CHARLYN P. DEMAVIVAS, RMT

PRC LIC. #71400
Medical Technologist


MA. TERESA SALDAÑA ARANETA, M.D. FPSP

PRC LIC. #0051211
Pathologist



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Physician : **RETIRO JANE FRANCES CEBALLOS**
Location : **OPD**

Patient ID : **0169228**
Request No. : **0000625731**
Draw Date & Time : **02/23/22 2:14 PM**
Patient Mobile No. : **0949 9549 674**

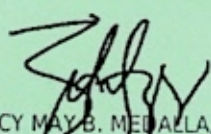
CHEMISTRY DEPARTMENT

Test	Result	Unit	Normal Range
Creatinine	77.50	umol/L	49.00 - 115.00
SGPT/ALT	134.00	U/L	16.00 - 63.00

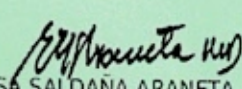
TEST DONE TWICE

Reported Date : 02/23/2022 2:14 PM

Reference No.: 2263012878


TRACY MAY B. MEDALLA, RMT

PRC LIC. #57539
Medical Technologist


MA. TERESA SALDAÑA ARANETA, M.D. FPSP

PRC LIC. #0051211
Pathologist



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Date of Birth : **11/14/1993** Age : **28Y** Sex : **M**
Physician : **RETIRO JANE FRANCES CEBALLOS**
Location : **OPD**

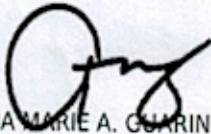
Patient ID : **0169228**
Request No. : **0000625721**
Draw Date & Time : **02/23/22 1:50 PM**
Patient Mobile No. : **0949 9549 674**

IMMUNOLOGY DEPARTMENT

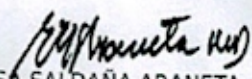
Test	Result	Unit	Normal Range
Ferritin	429.80	ng/mL	22.00 - 322.00

Reported Date : 02/23/2022 2:38 PM

Reference No.: 2036456805


AMELIA MARIE A. GUARIN, RMT

PRC LIC. #51762
Medical Technologist


MA. TERESA SALDAÑA ARANETA, M.D. FPSP

PRC LIC. #0051211
Pathologist



ST. PAUL'S HOSPITAL OF ILOILO, INC. OFFICIAL RECEIPT
 GENERAL LUNA STREET, ILOILO CITY
 Telephone No. 337-2741 to 49
 VAT REG. TIN 000-250-050-000

VAT Exempt Transactions
 No. **0756015C**

REF NO: 2353158 OR NO: 756015 DATE: 02/23/2022
 RECEIVED FROM: FARIA, RICARDO JR. NGALONGALO
 ADMITTED: 0169228



ST. PAUL'S HOSPITAL OF ILOILO, INC. OFFICIAL RECEIPT
 GENERAL LUNA STREET, ILOILO CITY
 Telephone No. 337-2741 to 49
 VAT REG. TIN 000-250-050-000

VAT Exempt Transactions
 No. **0755957**

REF NO: 2353173 OR NO: 755957 DATE: 02/23/2022
 RECEIVED FROM: FARIA, RICARDO JR. NGALONGALO
 ADMITTED: 0169228

PARTICULAR	AMOUNT
LABORATORY	2,335.00
TOTAL----->	2,335.00
CASH TENDERED:	2,335.00
CASH CHANGE:	0.00

TWO THOUSAND THREE HUNDRED THIRTY FIVE ONLY
 PAID BY: Card / 7000 / 094022

PARTICULAR	AMOUNT
LABORATORY	140.00
TOTAL----->	140.00
CASH TENDERED:	140.00
CASH CHANGE:	0.00

ONE HUNDRED FORTY ONLY
 PAID BY: Cash

ORIGINAL

SR. CITIZEN TIN:
 OSCA/PWD ID:
 SIGNATURE:

REF#: 2353158 OR#: 756015

Cashier: PERLAS, CRISTENA PALMEDA
 Date: 02/23/2022 11:52 AM

"THIS DOCUMENT IS NOT VALID FOR CLAIMING INPUT TAXES"
 THIS OFFICIAL RECEIPT SHALL BE VALID FOR FIVE (5) YEARS FROM THE DATE OF ATP

ORIGINAL

SR. CITIZEN TIN:
 OSCA/PWD ID:
 SIGNATURE:

REF#: 2353173 OR#: 755957

Cashier: PINEDA, DESSA JOY TRACER
 Date: 02/23/2022 12:03 PM

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ST. PAUL'S HOSPITAL OF ILOILO, INC.
 Gen. Luna St., Iloilo City
 Tel. Nos: (033) 337-2741 to 49 Fax: (033) 336-0207

****CASH** LABORATORY**

REFNO: 2036456805 DATE: 2/23/2022
 NAME: FARIA, RICARDO JR. NGALONGALO
 PATIENT NO: 0169228 ADMITTED:
 ROOM/BED: PERFORMED: 2/23/2022
 REMARKS: AGE: 28

DESCRIPTION	QTY	AMOUNT
RETIC. COUNT	1	130.00
CBC PLATELET	1	485.00
SGPT	1	300.00
FERRITIN	1	1,420.00
TOTAL AMOUNT:		2,335.00

Prepared by: CADAVOS, GEVIE SOL SAVILLO
 Print Date: 02/23/2022 11:41 AM Page: 1

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ST. PAUL'S HOSPITAL OF ILOILO, INC.
 Gen. Luna St., Iloilo City
 Tel. Nos: (033) 337-2741 to 49 Fax: (033) 336-0207

****CASH** LABORATORY**

REFNO: 2263012878 DATE: 2/23/2022
 NAME: FARIA, RICARDO JR. NGALONGALO
 PATIENT NO: 0169228 ADMITTED:
 ROOM/BED: PERFORMED: 2/23/2022
 REMARKS: AGE: 28

DESCRIPTION	QTY	AMOUNT
CREA	1	140.00
TOTAL AMOUNT:		140.00

Prepared by: GAYOMA, GENEROSA GAYACAN
 Print Date: 02/23/2022 12:00 PM Page: 1

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 DISPENSED/PERFORMED BY RECEIVED BY

PARTICULARS AMOUNT

JANE FRANCES CEBALLOS RETIRO

St. Paul's Hospital Gen. Luna St., Iloilo City
Non-VAT Reg. TIN: 174-206-054-000

No. 18567

OFFICIAL RECEIPT

Date 2-23, 2022

Received from Faria Ricardo Jr / S.V. More

with TIN Pharna (Iloilo City) Corp

with Address at Donato M. Pison Ave, San Rafael

Engaged in Trade, S.C.

The sum of One Thousand Seven 00/100

PESOS (P 1,000)

in partial/full payment of PT

Total Sales
Less: SC / PWD
Discount
Payment Due

FORM OF PAYMENT

CASH
 CHECK

Sr. Citizen TIN
OSCA / PWD ID # Signature

By: [Signature]
AUTHORIZED SIGNATURE

50 Bks (50 x 2) 8501 - 11000 BR Auth No. 074AU20210000000143
Date Issued: 07/28/2021 Valid Until: 07/27/2026
KWIK SHARP PRINTING / TERESITA B. TALAMOR
Fundador, Molo Iloilo City ☎ 033-335-0066 TIN: 102-273-067-0000-VAT
Printers Acct. No. 074MP20190000000001 Date Issued: January 03, 2019

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