

纳卯医疗中心

METRO DAVAO MEDICAL AND RESEARCH CENTER, INC.

Km4 LP Laurel Avenue, Davao City
Tel. # (082) 287-7777 Fax # (082) 287-7773
E-mail Address: mdmrcdavao@yahoo.com.ph

MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN:

This is to c	ertify that		EARL WILLIAM HER	R	year(s)	MALE
MARRIED	was tr	eated/confir	ned in this hospital on/fr	om APRI	L 25,2016	to
MAY 13,2	2016	for the fo	llowing:			
Final Diagnosis:	Chronic	Pancreatiti	s; Post Operative Adhe	sions		
Procedure:	Diagnos RUV 441	tic Laparos 180 CODE 10	copy, Laparoscopic Adh 10, April 29, 2016	estolysis		
Remarks:	PERSON	AL COPY.				
Issued this	18th	_ day of	JUNE	, 2016 at Da	vao City, Philip	pines
			JOYCE L MADAYAG Attending Physician	00.	>	
Notes		Lic.No. PTR:	• , • 0	44776	-	1
Not to be used for Medico Legal Cases				MAR	The T)
AND THE				Medi	ical Records St	aff

Prepared by

Treatment:	
s/p Adul stolyris	
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Course in the ward:	AND IND class Treatment queton
Postar maria.	Noth up clase. Treatment guren
Palent discharged	
Final Diagnosis:	
Final Diagnosis: OMMIC PANCROWAS	
post greature adherens	
Recommendation:	
Admyd	
Lung. A	
Disposition on Discharge:	
Improved Transferred HAMA	Absconded Expired
\bigcap	
	06016
Resident in-Charge	Date Accomplished



Km. 4 J.P. Laurel Avenue, Davao City Tel Nos.: (082) 287-7777 Fax No. (082) 287-7773 E-mail Address: mdmrcdavao@yahoo.com.ph

DISCHARGE INSTRUCTIONS

MEDICATION:	BREAKFAST LUNC		H DINNER		BEDTIME	REMARKS		
DRUG NAME/DOSAGE	Before	After	Before	After	Before	After		
orphine 30mg tablet tablet every 6 hours	round th	e cloc	*					
azepam 10mg tablet tablet twice a day								
SPECIAL INSTRUCTIONS: _								
DIET:								
EXERCISE:								
OUTPATIENT REFERRAL:								
Follow up Check up:	On:At:Laboratory Request:		1	TIME:				
Follow-up results of:	Laborato	, medue						
Attending Physician:					structed by:			

MDMRC-NSOFORM-0017/Aug 2015

Km. 4 J.P. Laurel Avenue, Davao City Tel Nos.: (082) 287-7777 Fax No. (082) 287-7773 E-mail Address: mdmrcdavao@yahoo.com.ph

DISCHARGED/CLINICAL SUMMARY

Name:	HEXIL ENV	Age: 13 Sex: M Hosp. No.	
Address:			
Attending Phy	sician: Welsh	Date Admitted: 4 1 Date Discharged:	513-11
Chief Complain	nt:		
	Arhe P-		
Brief Clinical H			
m	· P +xxx - th u	s, bit was from stand. He	
m	o for Adherm	from many. Als	and a
	Pent R. Cit	I had book from stead. He	1.41
Physical Exam	ination:		
General Surve			
Vital Signs	: BP: 10/70 CR: 70 RR: 20	Temp. 37 (Abdomen : 604	Pher
HEENT	: @ Pell- , 3 8	GU (IE)	and and
Chest/Lungs	· + B(C)	Skin/ Extremities:)
CVS	· Man	Neuro Examination:	

Laboratory Findings: (Including ECG, X-Ray and other Diagnostic Procedures)