

SUBANGDAKU, MANDAUE CITY

Cebu, Philippines 6014

E-mail: barangaysubangdaku@yahoo.com

barangaysubangdaku@gmail.com

KAP. MONAH R. MANATAD



BARANGAY OFFICIALS



RAMONITA R. MANATAD
Punong Barangay

EDGAR R. OUANO
Kagawad

BENEDICTO R. ALBAÑO
Kagawad

DANIELLE LYN R. MANATAD
Kagawad

SYLVIE C. DEL MAR
Kagawad

GLEN T. COLINA
Kagawad

RENE C. TECSON
Kagawad

SANTIAGO N. LUCHAVEZ JR.
Kagawad

ROBEANNE V. DY
SK Chairwoman



EDGAR S. DAITOL JR.
Barangay Secretary

EDITHA S. BRACERO
Barangay Treasurer

CERTIFICATION



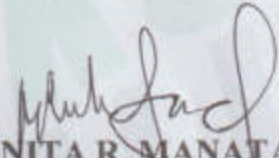
TO WHOM IT MAY CONCERN:

This is to certify that **MS. KATHLEEN M. ENRIQUEZ** is a bonafide resident of Senta Town Homes, Barangay SUBANGDAKU, MANDAUE CITY.

This is to certify further that **MS. ENRIQUEZ** has been staying in this barangay for over 1 year until present.

This certification is issued upon the request of **MS. KATHLEEN M. ENRIQUEZ** for **EMPLOYMENT** purposes and for whatever legal purposes this may serve.

Issued this 3rd of July 2024.


RAMONITA R. MANATAD
Punong Barangay

NOT VALID
WITHOUT
OFFICIAL SEAL

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *W/200 W/200*
LEFT EYE:

lyclinics & Diagnostic Center, Inc.
Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
2273/266-3245
alpha.ph

SERVICE ORDER



SOLUTIONS
CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

Priority No.	0027
SO No.	467356
S.O Date	07/08/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 102480
 PATIENT NAME : ENRIQUEZ, KATHLEEN, MONDILLA
 PATIENT ADDRESS : Subangdaku, Mandaue City, Cebu
 MOBILE NO. : 0960 437 3489
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY



GENDER : Female
 BIRTHDATE : 10/22/1986
 AGE : 37
 CIVIL STATUS : Married
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

Prime CARE
O H A

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME *PAM, CHEST PA, CBC, UA, SE <i>Wanted</i> DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.) <i>ump: 07-25-24</i>	1.00	800.00	800.00	TOTAL SALES : 800.00 VARIABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00

Bio Dme
7/8/24

VALIDATED
VERIFIED BY
[Signature]
Signature Over Printed Name

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name