

Republic of the Philippines City of Cebu

CEBU CITY MEDICAL CENTER

A PHIC ACCREDITED HEALTH CARE PROVIDER

N. Bacalso Avenue corner Panganiban Street, Cebu City, Philippines 6000
Tel. Nos. (+63)(032) 255-7141, 418-6070 Fax no. (032) 253-1778



MEDICAL CERTIFICATE

			09/29/2016
			Date :
			59804
TO WHOM IT MAY CONCER!	N :		Case No. :
This is to certify that according to	the hospital records that	, MANAL, NIÑO	ANGELO QUINAL
23 years old , Male	, Single of 42-G (Capit	LOREGA STREET Lore	ga San Miguel Cebu City
was examined / observed / treate	ed / confined at the	Outpatient Section	of this hospital on
Thursday, September 29, 2016 10:12:00 AM	under the car	e of ANTON OLIVE	R AREVALO REPOSAR M.D.
with the following findings / impression / diagnosis: (Attending Physician)			nding Physician)
Remarks: ACUTE TONSILLOPHARYNGITIS	, EXUDATIVE		
This certification is issued upon the otherwise specified. In the event of a Attending Physician.	request of the patient/patiencourt proceedings, kindly dir	nt's authorized representativ rect all your processess and	ve for whatever purpose or Vor subpoena to the
AREA DIVISION HEAD:			
MEUICA MOT VAL DIWITHOUT OFFICIA CIPR NO: Certificate (FIRES TIPE) Patricip (Frapplicate)	L SEAL		