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${p\_name}

**✔**

**CHO GENERAL TRIAS**

${p\_contact}

**✔**

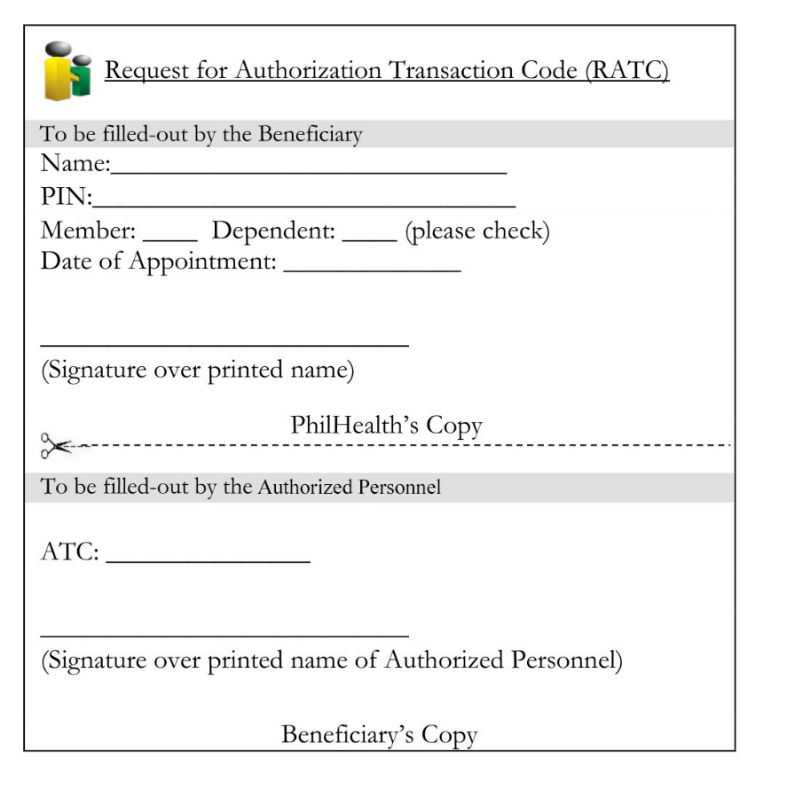
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${ism}

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**P41034597**



${s\_name}

${case\_date}

**✔**

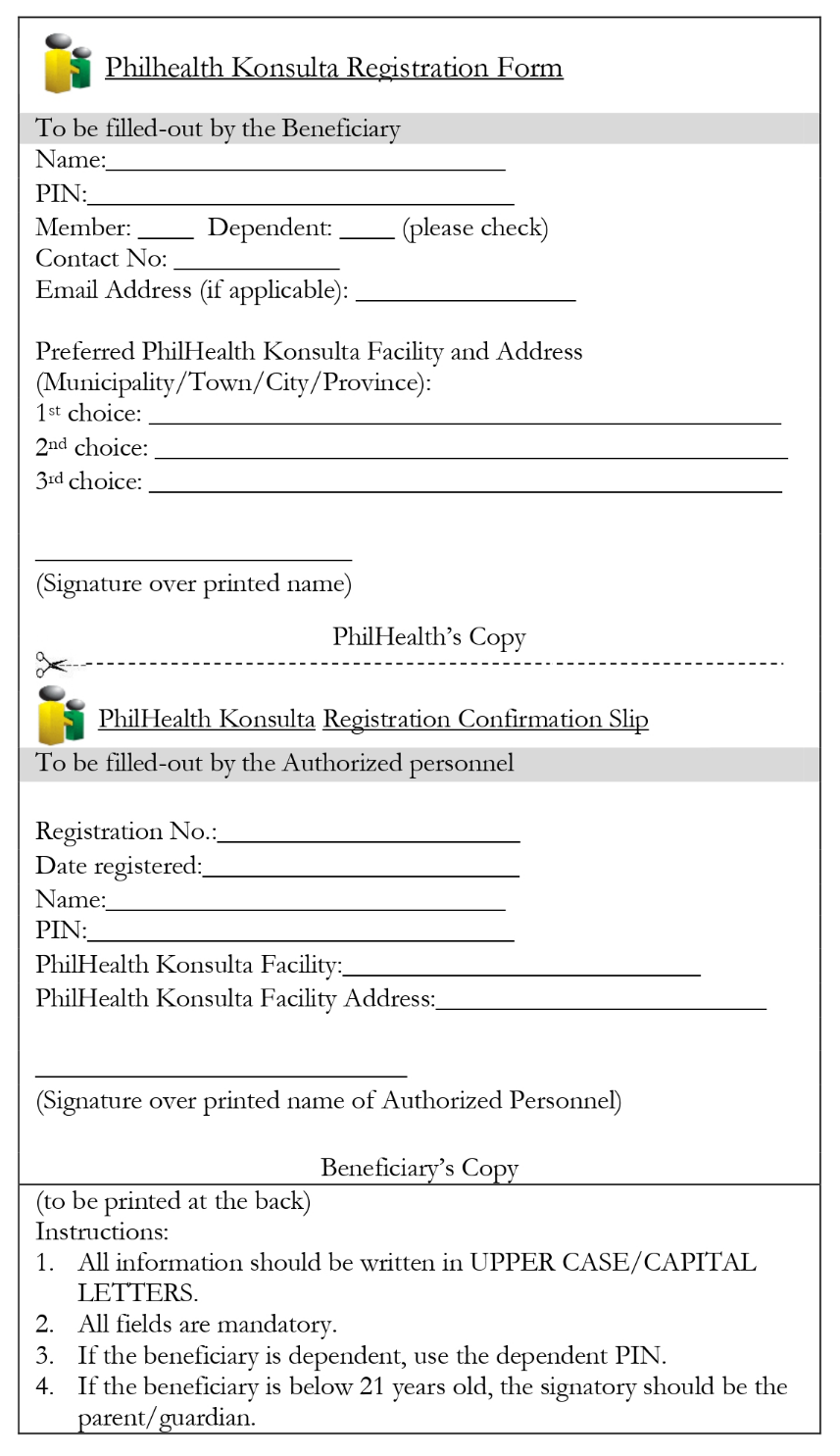
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${ism}

${p\_philhealth}

${p\_name}

Annex C



${p\_name}

**✔**

${s\_name}

${p\_contact}

${isd}

${ism}

${p\_philhealth}

CITY HEALTH OFFICE – GENERAL TRIAS