

**✔**

DOB: ${dob} ${dob\_parent}

${s\_name}

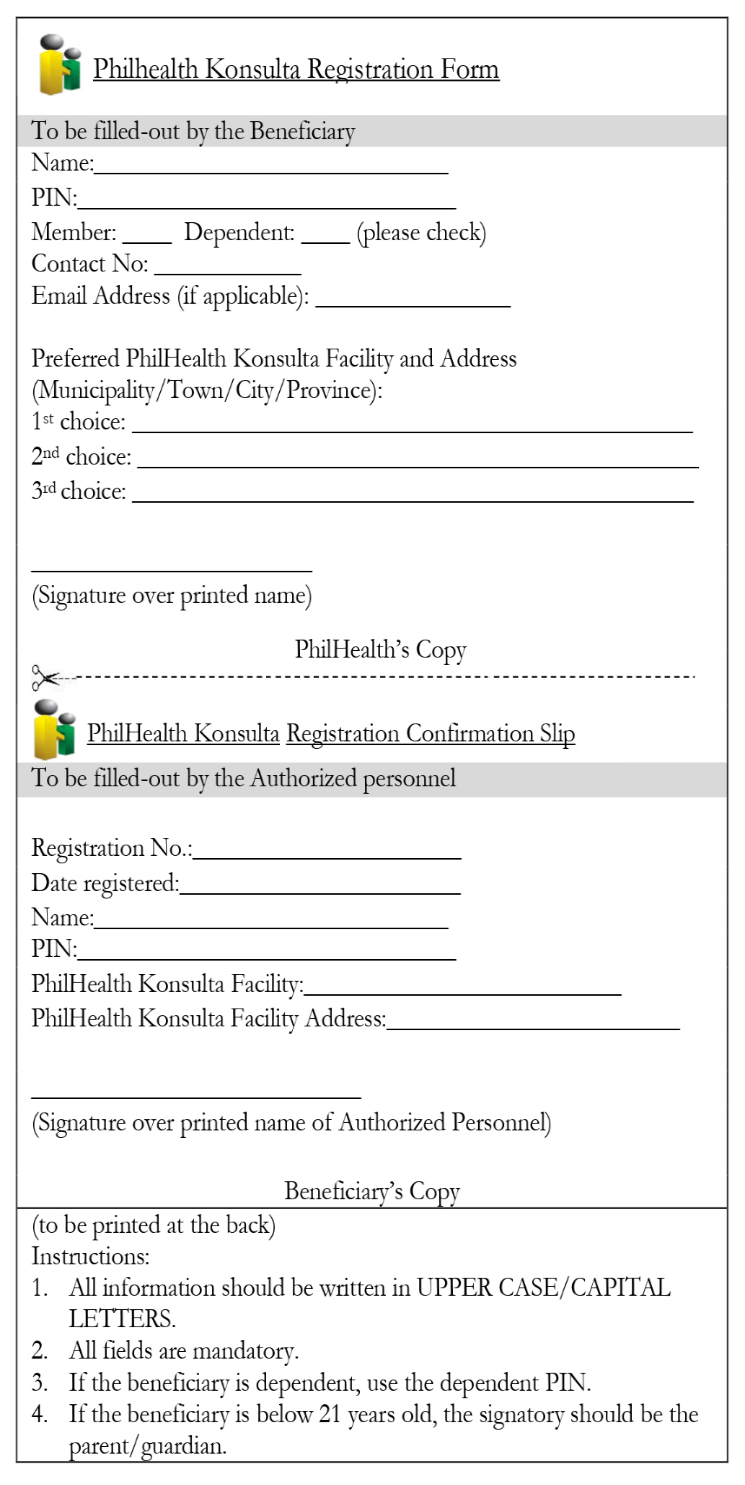
${case\_date}

${isd}

${ism}

${p\_philhealth}

${p\_name}

Annex C

**✔**

${s\_name}

CITY HEALTH OFFICE – GENERAL TRIAS

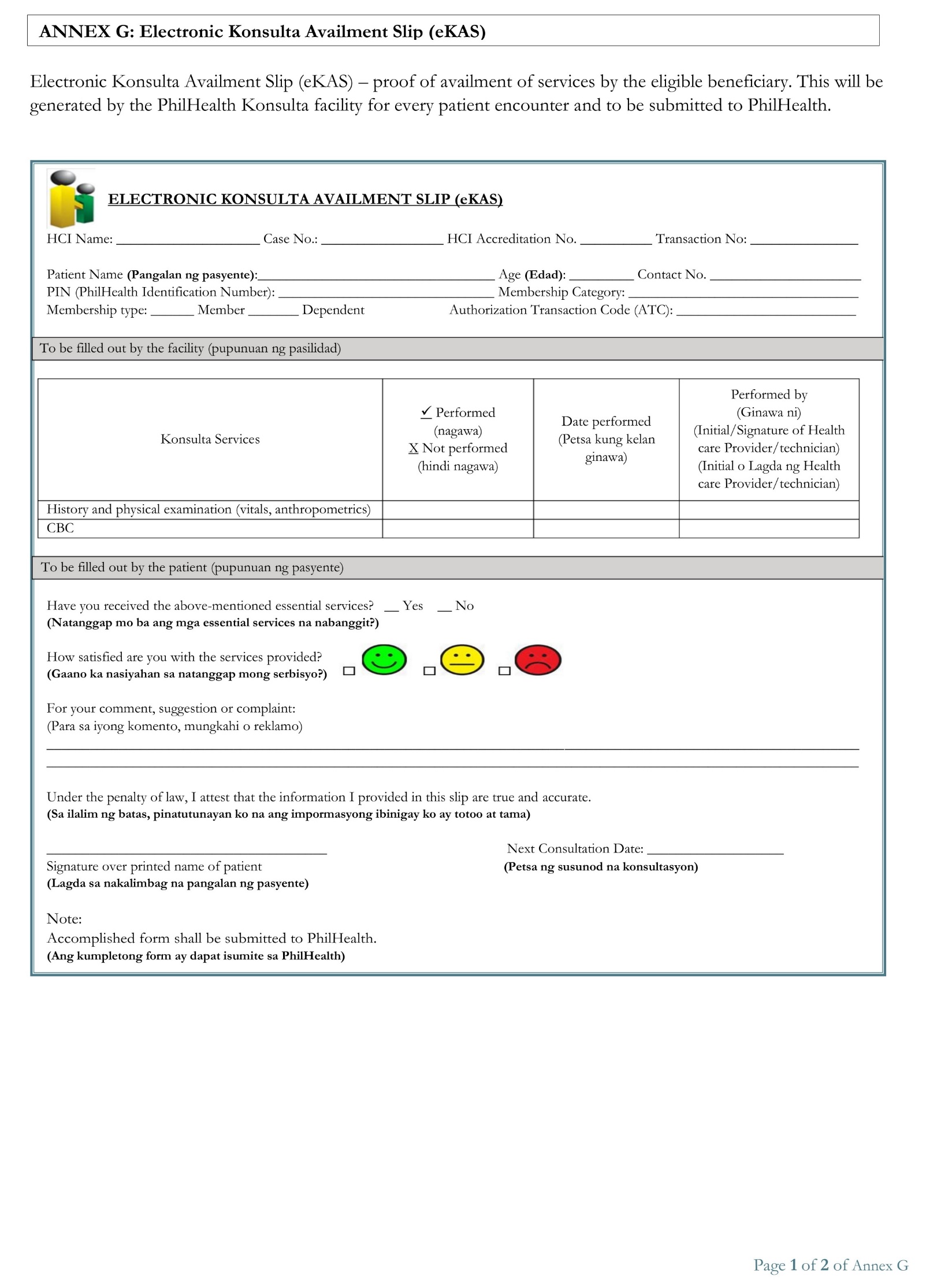
${p\_philhealth}

${p\_name}

${p\_contact}

${isd}

${ism}



**✔**

${p\_age}

${p\_name}

**CHO GENERAL TRIAS**

${p\_contact}

${s\_name}

${isd}

${ism}

${p\_philhealth}

**P41034597**