



CITY MAYOR'S OFFICE
TAGUM CITY, DAVAO DEL NORTE

GUARANTEE LETTER



TABANG MEDIKAL

CONTROL NUMBER

This will serve as notification that the City Mayor's Office will honor and guarantee _____
Patient's Full Name , _____
Age , _____
Gender
from _____
House No., Street, Purok, Barangay, City, Province
to avail medical assistance.

_____ will process the
Client's Full Name/ Relationship with Patient
HOSPITAL BILL in the amount of _____
Amount in Words
(Php _____).
Amount in Numbers

Signed this _____ day of _____ 2026.
Date Month

Approved by:

Recommending Approval:

Prepared by:

REY T. UY
City Mayor

MARJESSA FLOR V. DUBLIN
Executive Assistant IV



REY T. UY
CITY MAYOR OF TAGUM