



Department of Health
National Capital Region
VALENZUELA MEDICAL CENTER
Padrigal St. Karuhatan, Valenzuela City
Telefax No. 294-4625

FM-PROC-002
Rev 2-01/25/19

PURCHASE ORDER

Supplier :	FAIRBRIGHT ENTERPRISES, INC.	P.O. No. :	25-06-229
Address :	U-LG29-32 Alfaro Place 146 L.P. Leviste St. Bel-Air, Salcedo Village, Makati City	Date :	06/13/2025
TIN :	000-159-350-000	Mode of Procurement :	PB. No. VMC-2025-053 dated 04-23-25

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery :	VALENZUELA MEDICAL CENTER	Delivery Term :	60CD		
Date of Delivery :		Payment Term :			
Stock No.	Unit	Description	Quantity		
4691	unit	ELECTRICAL STIMULATOR UNIT Brand: ENRAF NONIUS/TENS MED S82 (NEW MODEL) Origin: THE NETHERLANDS I. Equipment Specification: - Intensity: 0-100 mA per channel - Frequency: 1-150 Hz; Total Pulse Width: 100-800 - Stimulation Forms: Conventional / Continuous / Burst / Intermittent - Timer: maximum of 100 minutes - Power Supply: AC/DC and battery (with charger) - Dual-channel device with LCD screen - With 4 sets of cable connectors, and 8 electrodes III. Technical Specification: A. General Requirements - FDA Certificate of Medical Device Notification (CMDN) B. Warranty and Preventive Maintenance Services: - One (1) year comprehensive warranty on parts and services for equipment One (1) year warranty on parts and services for UPS/AVR - Certification that the 95% uptime of the product is within the warranty period and that any accumulated downtime in excess of 5% shall be added to the warranty period. - Preventive Maintenance and Calibration Schedule - Semi-Annual Preventive Maintenance Service and Annual Calibration during warranty period - Certification that the bidder will provide a Service Unit that the end-user can use in case the equipment or any system component will be pulled-out for repair or maintenance within the warranty period. - Any corrective action requiring replacement of part/component(s) shall be conducted and completed within at most 3 days, during the warranty period.	2	46,110.00	92,220.00
(Total Amount in Words)				RECEIVED ACCOUNTING SECTION DATE: 7/11/25 BY: <i>[Signature]</i>	Sub-Total 92,220.00

In case of failure to make the full delivery within the time specified above a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed on the undelivered item/s.

Very truly yours,

E. Cavaneyro JUL 09 2025
EDILBERTO V. CAVANEYRO MD, MHA, FPCPS, FPSGS
OIC-Medical Center Chief II

Conforme:

Signature over Printed Name of Supplier

Date

7/10/25

Funds Cluster:
Funds Available:

ORS/BURS No.

25-06-218

Date of the ORS/BURS:

26 JUN 2025

7/11/25
RAYMUND JOE B. MACUANA
Accountant IV

INCOME

Amount

Php 287,220.00



Department of Health
National Capital Region

FM-PROC-002
Rev 2-01/25/19

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Supplier :	FAIRBRIGHT ENTERPRISES, INC..	P.O. No. :	25-06-229
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Stock No.	Unit	Description	Quantity	Unit Cost	Amount
		<p>- Service support shall cover 24 hours/day, 7 days/week during the warranty period. Remote service should be provided within 12 hours and on-site service within 24 hours must be provided during the warranty period.</p> <p>IV. Installation, Acceptance, Testing and Commissioning</p>		Sub-Total	0.00

(Total Amount in Words)

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Very truly yours,

JUL 09 2025

EDILBERTO V. CAVANEYRO MD, MHA, FPCPS, FPSGS
OIC-Medical Center Chief II

Conforme:

Signature over Printed Name of Supplier

7|10|25

Date

Funds Cluster: Funds Available

ORS/BURS No.

Date of the ORS/BURS:

25-06-218
26 JUN 2021

RAYMUND JOE B. MACUANA
Accountant IV

INCOME

Amount:

Php 287,220.00



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Stock No.	Unit	Description	Quantity	Unit Cost	Amount
5017	unit	<p>- Certification that the bidder shall be responsible for notification, transportation, delivery, installation and commissioning at no cost to the government.</p> <p>- Training of End-User (Operation) with Certificate of Training should be provided and should contain the following details:</p> <ul style="list-style-type: none">a. Name of Traineeb. Modality, Brand, Model of Equipmentc. Type of Training Conductedd. Inclusive Dates of the Traininge. Name of Trainer, Date and Venue <p>- The unit to be delivered must show proof that its manufacturing date is not later than CY 2023 onwards</p> <p>- Electrical Safety Test</p> <p>- Provide two (2) sets of colored Technical Manual, Hardcopy and Softcopy (Flashdrive) in English Manual for all equipment including peripherals, etc.</p> <ul style="list-style-type: none">a. User's Operational Manualb. Quality and Maintenance Manualc. Service and Technical Manual <p>- Hands-on Training for Biomedical, suppliers must perform an actual:</p> <ul style="list-style-type: none">a. Operationsb. Disassembly and Assemblyc. Troubleshootingd. Recommended Maintenance as per manufacturer <p>V. Other Terms & Condition:</p> <ul style="list-style-type: none">- Preferably packaging is made of recyclable materials- Preferably with green eco-products specification (non-toxic materials, energy efficient, sustainable, etc.) <p>Allocation: Physical Medicine and Rehabilitation</p> <p>PARAFFIN WAX BATH TANK Brand: ENRAF NÖNIUS</p>	1	195,000.00	195,000.00
(Total Amount in Words)					

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Very truly yours,

E. JUL 09 2025

EDILBERTO V. CAVANEYRO MD, MHA, FRCS, FPSGS
OIC-Medical Center Chief II

Conforme:

Signature over Printed Name of Supplier

Date

7/10/25

Funds Cluster:
Funds Available:

ORS/BURS No.

Date of the ORS/BURS:

25-06-218

26 JUN 2025

INCOME

RAYMUND JOE B. MACUANA
Accountant IV

Amount:

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Stock No.	Unit	Description	Quantity
		<p>Origin: THE NETHERLANDS -</p> <p>I. Equipment Specification:</p> <ul style="list-style-type: none"> - Stainless Steel 316 - With built-In thermostat - Can hold 30 Liters of wax - Melting time of wax not more than 3 hours - With heavy duty wheels and castorlock - Comes with 4 Block Pure Paraffin Wax <p>II. Electrical Specification:</p> <ul style="list-style-type: none"> - Equipment shall compatible with hospital power supply of 220 to 240VAC, single phase, 60Hz with grounding - With dedicated compatible Uninterruptible Power Supply (UPS) with voltage regulation function that can provide back-up power at least 30 minutes <p>III. Technical Specification:</p> <p>A. General Requirements</p> <ul style="list-style-type: none"> - FDA Certificate of Medical Device Notification (CMDN) <p>B. Warranty and Preventive Maintenance Services:</p> <ul style="list-style-type: none"> - One (1) year comprehensive warranty on parts and services for equipment - One (1) year warranty on parts and services for UPS/AVR - Certification that the 95% uptime of the product is within the warranty period and that any accumulated downtime in excess of 5% shall be added to the warranty period. - Preventive Maintenance and Calibration Schedule 	
(Total Amount in Words)			

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E. Very truly yours,
JUL 09 2025

EDILBERTO V. CAVANEYRO MD, MHA, FPCS, FPGS
OIC-Medical Center Chief II

Conforme:

Signature over Printed Name of Supplier

7/10/25

Date

Funds Cluster:
Funds Available:

ORS/BURS No.

Date of the ORS/BURS:

25-06-270

26 JUN 2025

INCOME

Amount:

Php 287,220.00

RAYMUND JOE B. MACUANAY
Accountant IV



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		Semi-Annual Preventive Maintenance Service and Annual Calibration during warranty period - Certification that the bidder will provide a Service Unit that the end-user can use in case the equipment or any system component will be pulled-out for repair or maintenance within the warranty period. - Any corrective action requiring replacement of part/component(s) shall be conducted and completed within at most 3 days, during the warranty period. - Service support shall cover 24 hours/day, 7 days/week during the warranty period. Remote service should be provided within 12 hours and on-site service within 24 hours must be provided during the warranty period.	

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E. C. JUL 09 2025

EDILBERTO V. CAVANEYRO MD, MHA, FPCGS, FPGS
OIC-Medical Center Chief II

Conforme:

Signature over Printed Name of Supplier

Date

7/09/25

Funds Cluster:

ORS/BURS No.

Funds Available:

Date of the ORS/BURS:

25-06-218

26 JUN 2025

INCOME

Amount:

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RAYMUND JOE B. MACUANA
Accountant IV



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		IV. Installation, Acceptance, Testing and Commissioning - Installation, Acceptance, Testing & Commissioning of Equipment - Certification that the bidder shall be responsible for notification, transportation, delivery, installation and commissioning at no cost to the government. - Training of End-User (Operation) with Certificate of Training should be provided and should contain the following details: a. Name of Trainee b. Modality, Brand, Model of Equipment c. Type of Training Conducted d. Inclusive Dates of the Training e. Name of Trainer, Date and Venue - The unit to be delivered must show proof that its manufacturing date is not later than CY 2023 onwards - Electrical Safety Test - Provide two (2) sets of colored Technical Manual, Hardcopy and Softcopy (Flashdrive) in English Manual for all equipment including peripherals, etc. a. User's Operational Manual b. Quality and Maintenance Manual c. Service and Technical Manual - Hands-on Training for Biomedical, suppliers must perform an actual: a. Operations b. Disassembly and Assembly c. Troubleshooting d. Recommended Maintenance as per manufacturer V. Other Terms & Condition: - Preferably packaging is made of recyclable materials - Preferably with green eco-products specification (non-toxic materials, energy efficient, sustainable, etc.) Allocation: Physical Medicine and Rehabilitation	
(Total Amount in Words)			

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Very truly yours,
E. C. JUL 09 2025

EDILBERTO V. CAVANEYRO MD, MHA, FPCS, FPGS
OIC-Medical Center Chief II

Conforme:

Signature over Printed Name of Supplier

Date

7/09/25

Funds Cluster:
Funds Available:

ORS/BURS No. **25-06-278**
Date of the ORS/BURS: **26 JUN 2025**

INCOME

Amount: **Php 287,220.00**

RAYMUND JOE B. MACUANA
Accountant IV



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Stock No.	Unit	Description	Quantity
		P.R. No. 25-02-323 dated 2/20/2025 / NOA dated 06/03/2025 / Resolution No. 2025-172 dated 05/20/2025 / Allocation: Physical Medicine and Rehabilitation xxxxxxxxxxxx Nothing Followsxxxxxxxxxx	

(Total Amount in Words) **Two Hundred Eighty Seven Thousand Two Hundred Twenty pesos only** P 287,220.00

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Very truly yours,

E. C. JUL 09 2025

EDILBERTO V. CAVANEYRO MD, MHA, FPGS, FPSGS
OIC-Medical Center Chief II *JS*

Conforme:

Signature over Printed Name of Supplier

Date

7/09/25

Funds Cluster:
Funds Available:

ORS/BURS No. **25 06-278**

Date of the ORS/BURS: **26 JUN 2025**

INCOME

RAYMUND JOE B. MACUANA
RAYMUND JOE B. MACUANA
Accountant IV

Amount: **Php 287,220.00**