



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 :	<b>SPECTRUMED INC.</b>	P.O. No. :	<b>25-09-388</b>
Address :	2308 Chino Roces Ave., Extension, Makati City	Date :	<b>09/29/2025</b>
TIN :	<b>233-645-751-000</b>	Mode of Procurement :	<b>Direct Contracting</b>

Gentlemen:

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

Place of Delivery :	<b>VALENZUELA MEDICAL CENTER</b>		Delivery Term :	<b>30CD</b>	
Date of Delivery :			Payment Term :		
<b>Stock No.</b>	<b>Unit</b>	<b>Description</b>	<b>Quantity</b>	<b>Unit Cost</b>	
ME-00031	Unit	<b>INTRADERMAL INJECTOR</b> <b>Offer: U225 INTRADERMAL INJECTOR / NEEDLE CONCEPT</b> <b>Equipment Specification</b> Purpose: delivery of substances like platelet-rich plasma and hair biostimulators directly into the dermis I. Equipment Specifications Drive: Mechanical solenoid valve Operating Modes: Manual or automatic (16 speeds) Injection Depth Selection: Adjustable from 1-10 mm ( $\pm 0.5$ ) Speed Range: Automatic Mode from 0.47 Hz to 7.1 Hz (28 inj. / min. to 426 injections/min) Casing: Stainless steel structure and parts, polymethyl methacrylate covers, other parts are polyacetal Power Supply Manufacturer XP Power, reference ACM06 US12 compliant with the IEC 60601-1:2005+A1 standard (supplied with the injector) Input voltage: 100-240V AC / 50-60 Hz Output voltage: 12 V DC - 650 mA Power consumption: < 0.5 A - < 5 watts Cable length: 1.80 Metres Operating Temperature: 10° C to 40° C Operating atmospheric pressure: 800 to 1600 hPa Storage temperature: Room temperature Relative air humidity: 5% to 95% (without condensation) Classification: BF type applied part Dimensions: Approximately 275 mm (L) x 25 mm (W) x 155 mm (H) (injector only) Weight: About 650 g (injector only) Injection Pressure: Adjustable from 0.5 bar to 5 bar ( $\pm 0.5$ )	1	689,416.00	689,416.00
				<b>Sub-Total</b>	<b>689,416.00</b>

(Total Amount in Words)

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. Cava* OCT 15 2025  
EDILBERTO V. CAVANEYRO MD, MHA, FPCS, FPSGS  
OIC-Medical Center Chief

Conforme:

*MARIANNE LORRATHE NAZARENO*  
Signature over Printed Name of Supplier

*10/15/25*  
Date

**INCOME**

Funds Cluster:	ORS/BURS No.	<b>25-10-273</b>
Funds Available:	Date of the ORS/BURS:	<b>10/13/25</b>
<i>10/14/25</i>	Amount:	<b>Php 689,416.00</b>

*RAYMUND JOE B. MACUANAY*  
Accountant IV



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National Capital Region  
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TIN :	<b>233-645-751-000</b>	Mode of Procurement :	<b>Direct Contracting</b>

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Date of Delivery :		Payment Term :			
Stock No.	Unit	Description	Quantity		
		Consumables: One (1) box of 27G mesotherapy needles (60 pcs/box) - MESBIO Kits One (1) box of 30G mesotherapy needles (60 pcs/box) - MESBIO Kits One (1) box of 31G mesotherapy needles (60 pcs/box) - MESBIO Kits II. Electrical Specification: Equipment shall compatible with hospital power supply of 220 to 240VAC, single phase, 60Hz with grounding With dedicated compatible automatic voltage regulator (AVR) III. Technical Specification: Warranty: One (1) year comprehensive warranty on parts and services for equipment		Unit Cost	Amount
				<b>Sub-Total</b>	<b>0.00</b>

(Total Amount in Words)

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Very truly yours,

*E. C.* OCT 15 2025

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

Conforme:

*MARIANNE LORRAINE NAZARENO*

Signature over Printed Name of Supplier

*10/15/25*

INCOME

Funds Cluster:	ORS/BURS No.	<b>25-10-223</b>
Funds Available:	Date of the ORS/BURS:	<b>10/3/25</b>
<i>10/14/16</i>	Amount:	<b>Php 689,416.00</b>
<b>RAYMUND JOE B. MACUANA</b> Accountant IV		



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## PURCHASE ORDER

Supplier :	SPECTRUMED INC.	P.O. No. :	25-09-388
Address :	2308 Chino Roces Ave., Extension, Makati City	Date :	09/29/2025
TIN :	233-645-751-000	Mode of Procurement :	Direct Contracting

Gentlemen:

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

Place of Delivery :	VALENZUELA MEDICAL CENTER	Delivery Term :	30CD		
Date of Delivery :		Payment Term :			
Stock No.	Unit	Description	Quantity		
		<p>One (1) year warranty on parts and services for AVR Semi-Annual Functionality Tests and Annual Verification during warranty period</p> <p>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.</p> <p>IV. Acceptance, Testing and Commissioning</p> <p>Acceptance, Testing &amp; Commissioning of Equipment</p> <p>Training of End-User (Operation) and Biomedical Unit (Operation &amp; Troubleshooting) with Certificate of Training should be provided and should contain the following details:</p> <ul style="list-style-type: none"><li>a. Name of Trainee</li><li>b. Modality, Brand, Model of Equipment</li><li>c. Type of Training Conducted</li><li>d. Inclusive Dates of the Training</li><li>e. Name of Trainer, Date and Venue</li></ul> <p>The unit to be delivered must show proof that its manufacturing date is not later than CY 2024 onwards</p> <p>Conduct Verification Test during Delivery</p> <p>Conduct 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"><li>a. User's Operational Manual</li><li>b. Quality and Maintenance Manual</li><li>c. Service and Technical Manual</li></ul> <p>V. Other Terms &amp; Condition:</p> <p>Preferably with green eco-products specification (made of recyclable materials, non-toxic materials, energy efficient, sustainable, etc.)</p> <p>P.R. No. 25-08-1193 dated 8/13/2025 NOA dated 09/19/2025 Resolution No. 2025-306 dated 09/12/2025 Allocation: DERMATOLOGY DEPT.</p>		Unit Cost	Amount

(Total Amount in Words)

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Very truly yours,

OCT 15 2025

EDILBERTO V. CAVANEYRO MD, MNA, FPPCS, FPSGS  
OIC-Medical Center Chief

Conforme:

MARIANNE LORRAINE HAZARDO

Signature over Printed Name of Supplier

10/15/25

INCOME

Funds Cluster:

ORS/BURS No.

25 - 10 - 273

Funds Available:

Date of the ORS/BURS:

10/3/25

RAYMUND JOE B. MACUANAN  
Accountant IV

Amount:

Php 689,416.00



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Stock No.	Unit	Description	Quantity
		xxxxxxxxxxxx Nothing Followsxxxxxxxx	

(Total Amount in Words) **Six Hundred Eighty Nine Thousand Four Hundred Sixteen pesos only** P 689,416.00

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Funds Available:	Date of the ORS/BURS:	10/3/25
 RAYMUND JOE B. MACUANA Accountant IV	Amount:	Php 689,416.00