



VALENZUELA MEDICAL CENTER  
Padrigal St., Karuhatan, Valenzuela City  
Telephone No. 294-6711

FM-PROC-001  
Rev 4 – 09/28/18

PURCHASE REQUEST

Office/Division	Dental Section	PR. No.	24-02-185	Date	February 26, 2024
	Medical	Responsibility Center			

STOCK/ PROPERTY NO.	UNIT	ITEM DESCRIPTION	QTY.	UNIT COST	TOTAL COST
1	unit	Delivery, Installation, Testing and Commissioning of Dental Chair	1	451,666.67	451,666.67
		Technical Specification:			
		Dental Unit and Chair			
		a. Power Supply			
		-Voltage input preferably: 220 - 250V,60Hz or auto-volt			
		b. Motor and Hydraulic Type			
		-Dental chair movement, upward, downward, backward, forward and rest position			
		-Dental chair upholstery must be synthetic leather			
		-Must have cup holder			
		c. Doctors Tray			
		-Wide xray viewer			
		-Digital panel touch pad with programmable memory			
		-A sepsis for three handpiece and two way syringe			
		d. Sensor Operating Light (LED)			
		i. Pedal			
		-Multi-functional foot control			
		ii. Cuspidor			
		-Moveable			
		-Glass or Ceramic			
		-Automatic control system for spitton flush and cup filler			
		e.Tubing			
		-Must be soft, flexible and and rubberized and heavy duty			
		f. Included Accessories			
		-Two hole low speed micro motor with contra-angle , heavy duty			
		-Two hole high speed handpiece, heavy duty			
		-Built-in Ultrasonic Scaler, heavy duty			
		-Two-way syringe, heavy duty			
		-Built-in saliva ejector , heavy duty			
		-Compressor heavy duty (1hp), heavy duty			
		-Built-in Light Cure, heavy duty			
		-Dentist stool			
		g. Basic training operation and troubleshooting (End-User and Biomedical Unit)			
		h. with Quarterly Preventive Maintenance			
		i. Submit proposed Preventive Maintenance Schedule			
		j. Warranty 1 year parts & services			
		k. With Uptime of 95% and 5% Certificate			
		l. Two (2) sets of manual ( End-user and METs copies)			
		m. Should have certificate of availability of spare parts within 10 years			
		*****nothing follows*****			
				TOTAL	451,666.67

VALENZUELA MEDICAL CENTER  
INCLUDED IN THE APR  
2/27/24  
Approved / Date

Purpose For Dental Service use

Signature Printed Name Designation	REQUESTED BY:	APPROVED BY:
	ERLINDA M. LUMIBAO,DMD Head, Dental Section	ESTELA E JAVIER, MD, FPOGS, FPSMS OIC - Medical Center Chief II

\* Program Coordinator

WITH FUNDS  
AVAILABLE  
DATE: 2-28-2024

RUFINA F. VADIL  
OIC / HEAD-BUDGET OFFICE

VALENZUELA MEDICAL CENTER  
BAC RECEIVED  
Sign  
Date 2/29/24 8:36



Bid Notice Abstract

Request for Quotation (RFQ)

**Reference Number**

10625955

**Procuring Entity**

VALENZUELA MEDICAL CENTER

**Title**

Supply, Delivery, Installation, Testing and Commissioning of Dental Chair

**Area of Delivery**

Metro Manila

<b>Solicitation Number:</b>	VMC-2024-065	<b>Status</b>	Active
<b>Trade Agreement:</b>	Implementing Rules and Regulations	<b>Associated Components</b>	1
<b>Procurement Mode:</b>	Negotiated Procurement - Small Value Procurement (Sec. 53.9)	<b>Bid Supplements</b>	0
<b>Classification:</b>	Goods	<b>Document Request List</b>	4
<b>Category:</b>	Medical and Dental Equipment	<b>Date Published</b>	06/03/2024
<b>Approved Budget for the Contract:</b>	PHP 451,666.67	<b>Last Updated / Time</b>	06/03/2024 00:00 AM
<b>Delivery Period:</b>	30 Day/s	<b>Closing Date / Time</b>	12/03/2024 10:00 AM
<b>Client Agency:</b>			
<b>Contact Person:</b>	KRISTINE MANUEL BAC Secretariat Padrigal St., Karuhatan, Valenzuela City Metro Manila Philippines 63-2-(02) 294-4625  kristine.manuel905@gmail.com		

Description

PR# 24-02-185

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1 unit Delivery, Installation, Testing and Commissioning of Dental Chair 1 451,666.67 451,666.67

Technical Specification:

DENTAL UNIT AND CHAIR

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- Must have cup holder

c. Doctors Tray

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d. Sensor Operating Light (LED)

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- Multi-functional foot control

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h. with Quarterly Preventive Maintenance



- i. Submit proposed Preventive Maintenance Schedule
- j. Warranty 1 year parts & services
- k. With Uptime of 95% and 5% Certificate
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- m. Should have certificate of availability of spare parts within 10 years

Total 451,666.67

\*Subject for evaluation

A copy of your legal requirements (Certificate of Registration from BIR, SEC/DTI, Business/Mayor’s Permit, Platinum Philgeps Certificate, Tax Clearance/ITR, Brochures/Data Sheets and Notarized Hard Copy of Omnibus Sworn Statement) is also required to be submitted along with your quotation/proposal.

Other Information

MS. RUBY S. GURREA, RN, MAN  
Chairperson  
BIDS AND AWARDS COMMITTEE

Created by KRISTINE MANUEL  
Date Created 05/03/2024

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