

**CYRUS GERALD P. PASAPORTE M.D., FPCP, FPCCP**  
**Interventional Pulmonology and Chest Ultrasound**  
**Fellow, Philippine College of Physicians**  
**Fellow, Philippine College of Chest Physicians**

**Makati Medical Center**

Room #: 241

Wednesday & Saturday: 9:00am – 3:00pm

Contact No: 8888- 8999 loc. 2241

**ACE Medical Center Pateros**

Room #: 604

Mon & Thu: 4:00pm - 8:00pm

Contact No: 0945-280-4979/706-9398 Local (199)

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**MEDICAL CERTIFICATE**

Date: May 30, 2024

To: W Hydrocolloids Inc

Address: \_\_\_\_\_

Name of Patient:

Arevalo, Rhona Mae Castro

Address:

San Miguel, Taguig City

This is to certify that the patient came for medical consult with the clinical impression:

**Costochondritis**

**r/o angina**

**GERD**

Recommendations:

**fit to work/employment**

**for ECG 12 lead**

  
**Cyrus Gerald P. Pasaporte, M.D.**

License No.: 112804

PTR No: \_\_\_\_\_

CYRUS GERALD P. PASAPORTE, M.D.  
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