

CERTIFICADO MÉDICO

Atención: 03-11-2022

Paciente: ARIEL IGNACIO DIAZ BORQUEZ Edad: 38 AÑOS 5 MESES 16 DÍAS

Rut: 15829664-0 Correo: ARIEL.DIAZ.BORQUEZ@GMAIL.COM

Dirección: Angel Pino 3412, ÑUÑOA Teléfono: +56944745370

Yo, Dr(a). SOFIA IRENE IHLE SOTO, RUN 16099742-7, certifico que el paciente ARIEL IGNACIO DIAZ BORQUEZ, Rut 15829664-0 Through this certificate, I confrm that the patient ARIEL DÍAZ BÓRQUEZ is undergoing treatment in the context of an unspecific anxiety disorder with panic attacks.

This diagnosis has presented a chronic evolution with a tendency to partial response and recurrences associated to periods of greater stress.

Throughout his life, he has used multiple pharmacological indications together with psychotherapy, achieving maintenance at the time with venlafaxine XR 75 mg and clonazepam 0.5 mg SOS.

This report is issued at the request of the patient to present to his new care physician. Best regards, Sofía Ihle, MD

Pychiatrist

sofaihle@gmail.com

Se emite el presente certificado a solicitud del paciente, familia y/o cuidador, para los fines que estime conveniente.

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SOFIA IRENE IHLE SOTO 16099742-7

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