



AGUARDIA MEDICAL AND DIAGNOSTIC CLINIC

#104 Nandacan, Bautista, Pangasinan

MEDICAL CERTIFICATE

Date

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT Mr./Mrs./Ms. _____

_____ year of age of _____

Was examined by the undersigned on _____ with the diagnosis of:

Remarks:

This document is issued upon request of the above mentioned individual for whatever purpose it may serve. However this could not be used in any Medico-Legal case and/or any court of law in the Philippines.

_____, MD

License No.: _____

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