

## CALAMBA EYE CENTER

Laser Surgery / Perimetry / Biometry  
Fluorescein Angiography

Mon - Sat 8:00am - 5:00pm  
Sunday: 8:00am - 12:00nn

Tel. No. (049) 545-2566

Cell No. 0932-844-9726

0917-831-9366

Email Add: calambaeye96@gmail.com

Name: Maria Lea Ramilo Lopez

Date: January 13, 2025

Address:

Age: 27 years

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### Medical Certificate

To whom it may concern:

This is to certify that **Maria Lea Ramilo Lopez, 27 years** of age, **Female**, consulted on **January 13, 2025** with the following clinical impression:

#### **Periorbital Hematoma Left eye**

And would need medical attention / rest for 7 day(s) barring complication.

Advised cold compress

This certificate is being issued upon the request of the above-mentioned for whatever purpose it may serve, except those of a medico-legal-nature.

  
**Roel V. Villanueva, MD**  
License No. 0125932  
PTR #