**JEWEL’S 1st MATERNITY LYING-IN & MEDICAL CLINIC**

**136 Zone II, Brgy. Fort Bonifacio, Taguig City**

**Contact Number: 0921-668-5787**

**PATIENT’S PERSONAL INFORMATION**

Name: **Ponce, Jean T**.

Age: **32 year-old**

Address: **Zone 4, Brgy. Fort Bonifacio, Taguig City**

Occupation: **Private Employee**

Civil Status: **Single**

Religion: **Roman Catholic**

Contact Number(s): **0917-772-2696/0926-882-2994**

**STATEMENT OF ACCOUNT**

(July 25, 2016)

|  |  |  |
| --- | --- | --- |
| **PARTICULARS** | **QUANTITY** | **AMOUNT** |
| NSVD Package |  | ₧ 0.00 |
| **ADDITIONALS AND SPECIAL PROCEDURES** | | |
| Augmentation + Medicines |  | ₧ 3,000.00 |
| Newborn antibiotic inj. for 1 week |  | ₧ 2,500.00 |
| Under pads | 2 | ₧ 70.00 |
| Oxytocin | 1 | ₧ 100.00 |
| Hyoscine | 1 | ₧ 100.00 |
| Gaauze (4x4) | 3 | ₧ 45.00 |
| Examination Gloves | 4 pairs | ₧ 80.00 |
| Home Meds. |  | ₧ 396.00 |
| **TOTAL** | | ₧ **6,291.00** |

Prepared by: **ANTHONY S. SORIANO, RM, Clinic Staff**

Approved by: **REMEDIOS A. SALUDES, BSM-RM, Clinic Manager/Owner**