

# MEDICAL CERTIFICATE

To whom it may concern:

This is to certify that Mr./ Ms./ Mrs. Urdaneta, Pamela  
Age/Sex 63/F of Baybay city was seen  
and examined on 6/18/22 and was diagnosed to have

Coccydynia; Tumor radiculopathy  
I therefore recommend rest x 6-8 weeks

This certificate is being issued upon the request of \_\_\_\_\_  
\_\_\_\_\_ for whatever purpose it may serve

(Excluding legal matters).

Yours Truly,

[Signature]  
Dr. SIM PASCAYAN

MEDICAL CONSULTANT / CLINIC PHYSICIAN

License No.: 110027 Date: 7/18/2022