

Kristina L. Dosdos, MD FPOGS FPSMFM FPSUOG

Obstetrician-Gynecologist
Fellow, Philippine Obstetrical and Gynecological Society
Fellow, Philippine Society of Maternal & Fetal Medicine
Fellow, Philippine Society of Ultrasound in Obstetrics and Gynecology



Chong Hua Hospital Medical Arts Building I

Basement Room 5 Monday 3PM to 4PM Tuesday 9AM to 12NN Wed & Thurs 1PM to 4PM Secretary: Mary Ann +63 947 847 5152

CT Medical Laboratory

D. Macapagal Highway, Toledo City Fri & Sat: 9 AM - 3 PM Secretary: Amy +63 936 728 5010

Affiliated Hospitals:

Perpetual Succour Hospital Visayas Community Medical Center Vicente Sotto Memorial Medical Center Cebu Velez General Hospital St. Vincent General Hospital Chong Hua Hospital

Name	Veda Manguilimotan Portugaliza	Date	05 February 2024	
Address	Block 14, Lot 9, Phase 2, Villa Purita Hills, Tubod, Minglanilla	Age	35 Years	Sex F
	14.0			-VING

Validation Code: V12436-N7QJA-004F

Medical Certificate

This is to certify that **Veda Manguilimotan Portugaliza**, **35 years** of age, consulted on **05 February 2024** with the following clinical impression:

35 years old G1P0 Completed abortion Overt diabetes

And would need medical attention/rest for **60 days** barring complications.

Further Recommendations:

For maternity leave.

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.

Globe: 215 84216

Sun/Smart: 292 905 84216

KRISTINA L. DOSDOS, M.D.

License No.: 96959

PTR No.: S2 No.:

	CEBU						0.2021	14.1
ity/Municipalit	CEBU CITY			110121	1		WIFE	
1. Name of	First) HAR	HUSBAND			100 100 100 to	VEDA		
Contracting	Middle) POTO					MANGUILIMO	TAN	
o Date of Birth	(Day)	(Month) (Year)	(Acie)	(Day)	[Month	40.00	32
b. Age			988	(Country)	04	October (Municipality)	(Province)	(Country)
. Place of Birth	(City/Municipality Cabucgayan	(Provin	Philip	The state of the s	Cebu Ci	ity	Cebu	Philippines
la Sex		(Otzenship) Filipino			Female	Cili	pino	
b. Citizenship	Male Block 14, Lot 9,	Barangay Sillah	unita Hills, Tu	pod,	Block 1	4, Lot 9, Phase	2, Villa Purita	Hills, Tubod.
o, residence	Minglanilla, Cet	ou, Philippines			200000000000000000000000000000000000000	nilla, Cebu, Ph	dippines	
6 Religion/ Religious Sect	Roman Catholic				Roman	Catholic		
7. Civil Status	Single				Single	(First)	(Middle)	(1,net)
8, Name of Father	(First)	(Middle)		nsi) ngaliba	Leo			Manguilimotan .
9. Citizenship	Teodoro	Kendense			Filipino			
10, Maiden Name	Filipina (First)	(Middle)	(1.8		Norbei	(First)	(Middle)	(Last) Carungay
of Mother	Damiana	Anchovas	Potot		Horber			
11. Citizenship	Filipino				Filipino	(First)	(Middle)	(caq)
13 Name of Personi Wall Who Give Consent or	N/A	(Micole)	(L:	ast)	N/A	V 7-3V		
Advice 13 Relationship	N/A				N/A			
12 Residence	(House No., St.	Barangay, City/M	unicipality, Provin	ice, Country)	(Hou	use No., St., Bare	ngay, Gity/Municipa	ality, Province, Countr
14. Residence	N/A				N/A	wa, Cebu Ci	v Cebu	
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Documentary Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D. National Statistician and Civil Registrar General Philippine Statistics Authority

20b. WILVES RES. (Print Name and Sign): PRIMITIVO GARUNGAY HAIDE TICOY	
PAIMINIO WARRINGA	
AFFIDAVIT OF SOLE	
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, after having sworn to in accor	dance with law, do harney depose and ser
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b. That this marriage was performed in articulo morts or at the	
	martiage by alignature or mark, and of the witnesses to the marriage. The witness own alignature preceded by the preposition TBy:
d. That the residence of either party is so located that there is no	means of transportation to enable concerned parity/parties to appeal
e That the marriage was among Mustims or among mambers of in accordance with their customs and practices.	the Ethnic Cultural Communities and that the marriage and
3. That I took the necessary steps to ascertain the ages and relationship	of the contracting perties and that neither of them are under any
impediment to marry each other,	
4. That I am executing this affidavit to sitest to the truthfulness of the longer	
to truth whereof, I have affixed my signature below th	s day of
	Signature Over Printed Name of the Solemnizing Officer
SUBSCRIBED AND SWORN to before me this	day of
ssued on et	AND CANDINGS IN THE TIME TO SEE
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Signature of the Administering Officer	Position/Title/Designation
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CLAIRE DENNIS S. MAPA, Ph. D.

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