

STEWARDS HEALTH

Rangeon Street District 29
Charles City Letter Philippines 18841

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Info@gatchallormedicalcenter.com

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## **MEDICAL CERTIFICATE**

## TO WHOM IT MAY CONCERN:

This is to certify that **TEODORA DORIS P. BRAGANZA**, **59, Female**, **Widow** and a resident of **Brgy**, **Poblacion**, **Albuera**, **Leyte** had been under treatment/<u>confined</u> at **GATCHALIAN MEDICAL CENTER** from **September 04**, **2025** up to **September 08**, **2025** to the following

FINAL DIAGNOSIS:			
HRONIC KIDNEY DISEASE STAGE 5 S YPERTENSIVE NEPHROSCLEROSIS		TO DIABETIC KIDNI He mo or alysis	•
ROCEDURE/OPERATION: SIP IT Callily	- INSEX	non	
EMARKS:			

Issued this 8<sup>TH</sup> day of SEPTEMBER 2025 at Ormoc City, Leyte Philippines upon the request of the abovementioned person/interested party for whatever purpose this will serve him/her best except for legal purposes.

DR. MERCEDITAV. PIAMONTE

ATTENDING PHYSICIAN

LICENSE NO.:

79015

PTR No.:

8342297

SEP. 5-12

PREPARED BY: Catherine H. Pagalan