



**A MOUNT GRACE HOSPITAL**

# MEDICAL CERTIFICATE

## TO WHOM IT MAY CONCERN:

This is to certify that **LUMACAD, ANICETA M., 56, FEMALE, SINGLE** and a resident of **BRGY. CARIDAD, BAYBAY, LEYTE** was seen and examined Outpatient at Clinica Gatchalian & Hospital from **NOVEMBER 11, 2023** due to the following

## DIAGNOSIS/ES:

**FRACTURE, OPEN, DISTAL PHALANX RING FINGER LEFT.**

## PROCEDURE/OPERATION:

## REMARKS:

**ADVISED TO REST FOR 30 DAYS.**

Issued this 11<sup>th</sup> day of November 2023 at Ormoc City, Leyte Philippines upon the request of the above-mentioned person/interested party for whatever purpose this will serve him/her best.

**JAIME L. GATCHALIAN JR.**

ATTENDING PHYSICIAN

LICENSE NO.: 79031  
PTR No.: 7081496