



PERPETUAL SUCCOUR HOSPITAL OF CEBU, INC.

P.O. Box 790, Cebu Central Post Office
Cebu City
6000 Cebu
Philippines

Medical Certificate

TO WHOM IT MAY CONCERN:

This is to certify that MAGDALENE CESAR UNAJO had
been under treatment/confined at **Perpetual Succour Hospital of Cebu** from January 18, 2023
to January 22, 2023 for the following:

DIAGNOSIS:

1. PAPILLARY THYROID CARCINOMA, LEFT, STAGE I (T1N0M0)
- FOLLICULAR NODULAR DISEASE, RIGHT
3. STATUS POST FNAB (11/29/22)
4. HYPERTENSIVE CARDIOVASCULAR DISEASE
5. DIABETES MELLITUS TYPE 2

OPERATION:

TOTAL THYROIDECTOMY (1/19/2023)

REMARKS:

Admitted to ward for 30 days

Issued this 31st day of January 2023 at Cebu City, Philippines for whatever legal purpose this will serve him/her best.

JONATHAN PLAZA, MD
Attending Physician

PTR No.:
Lic. No.:

7787



**PERPETUAL SUCCOUR
HOSPITAL**
Compassionate and World Class:
The Sisters of St. Paul of Chartres Difference

PATIENT DETAILS

NAME: UNAJAN, MAGDALENE CESAR
BIRTHDATE: May 26, 1981 AGE: 41 SEX: F
BIRTHPLACE: LOAY, BOHOL
ADDRESS: PUROK NANGKA, KILIM, BAYBAY CITY, LEYTE PROVINCE
PHONE NO.: 09171541530

**DISCHARGE SUMMARY /
CLINICAL ABSTRACT**

File copy in medical record

CASE NO.: 315884
CIVIL STATUS: MARRIED
CITIZENSHIP: FILIPINO

ATTENDING PHYSICIAN

Name: PLAZA, JONATHAN HAVANA
Address: SPC-MSR RM 407B
Schedule: 3-7 M-F, 10-12 SAT
Phone: 328-8531

ADMISSION DETAILS

Date Admitted: January 18, 2023
Time: 2:41 pm Room No.: 507

DISCHARGE DETAILS

Date discharged: January 22, 2023
Time: 11:38 am

DISCHARGE DIAGNOSIS:

- 1) PAPILLARY THYROID CARCINOMA - LEFT STAGE I (T1N0M0) (IP TOTAL THYROIDECTOMY)
- 2) FOLLICULAR NODULAR DISEASE, RIGHT
- 3) SIP FNAB (11/29/22)
- 4) HYPERTENSIVE CARDIOVASCULAR DISEASE
- 5) DIABETES MELLITUS TYPE II

REVIEW OF CASE (Summary of presentation and progress in hospital):

12 YEARS PRIOR TO ADMISSION, PATIENT HUSBAND NOTICED A NODULE AT THE PATIENT'S NECK, CHARACTERIZED AS HARD, FIXED, NON-MOVABLE, 1CM IN SIZE. ON 8/10 EVEN AT NEXT, NO OTHER SYMPTOMS NOTED. NO CONSULT WAS DONE. IN THE INTERIM, HEAVY FLOWN - URS WITH DM WITHIN NORMAL RANGE AND MAINTENANCE COMPLIANCE. THREE MONTHS PTA. RECURRENCE OF SYMPTOMS, NOTED GROWTH OF 1-2 CM. CONSULT DONE ADVISED FOR SURGICAL P.E.: SHOWED PAPILLARY CARCINOMA, ADVISED FOR ADMISSION AND SURGICAL INTERVENTION, THUS ADMITTED. AWAKE, ALERT, NND FCE, CBS SOFT, FLACCID, NABJS, NON-TENDER AS, PPG AP, DMS. NO MURMUR (-) KPS

MEDICATION: CARVEDILOL 25 MG TAB DIFFLAM LOZENGES
METFORMIN 500 MG TAB ETORICOXIB 120 MG TAB
FENOFIBRATE 160 MG TAB OMEPRAZOLE 40 MG TAB
CALCIUM + VIT. D TAB CIPROFLOXASIN 500 MG TAB

ALLERGIES: Food _____ Drugs _____ Others _____

FUNCTIONAL STATUS:

Eyesight	___ No problem	___ Glasses	___ Blurred	___ Blind
Hearing	___ No problem	___ Limited	___ Hearing Aid	
Speech	___ Clear	___ Slurred	___ Aphasic	
Continence	___ No problem	___ Incontinent	___ Foley Catheter	___ Condom Catheter
Needs Assistance in	___ Feeding	___ Hygiene	___ Dressing	___ Transfer
Mobility	___ No problem	___ Ambulates w/ Assistance	___ Chairfast	___ Bedfast
Others	_____			

NUTRITIONAL STATUS:

Diet	___ Oral	___ Tube
Nutritional Risk	___ None	___ Minimal

DISPOSITION:

___ Recovered	___ Improved	___ Expired	___ Absconded	___ Against Advise
___ As Advised	___ Transferred			

Condition related to transfer or change of patient's condition during transfer (Please see attached sheet/s.)

Your patient has / has not been given a copy of this summary (If not, state reason):



Resident Physician-in-charged: _____

Maria Lourdes M. Eguino, M.D.
Lic Number: 0156239
General Surgery

Signature: _____

Date: _____

License No.: _____

PTR No.: _____

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Website: www.pshcebu.com



PERPETUAL SUCCOUR HOSPITAL

Gorordo Avenue, Cebu City, Cebu

ADMISSION AND DISCHARGE RECORD

[] New [X] Old Patient

Account No: 315884	Hospital No: 315884	Admission No: 373707	Room/Rate 507 IP 2,800.00			
Last Name UNAJAN	First Name MRS MAGDALENE	Middle Name CESAR	Age 41Y 7M 23D	Sex F	Civil Status Married	Patient Type Private
Address: PUROK NANGKA KILIM, BAYBAY CITY, LEYTE PROVINCE			How the Patient was Admitted			
			<input checked="" type="checkbox"/> Ambulatory [] Wheel Chair [] Stretcher [] Carried by Rel.			
Birth Date 05/26/1981			Tel. # 09171541530			
Birth Place LOAY, BOHOL			Religion: ROMAN CATHOLIC Anointed by: Package:			
Father:			Address:			
Mother:			Address:			
Spouse: RODERICK UNAJAN			Address:			
Employer:			Address:			
Whom to Notify in Case of Emergency RODERICK UNAJAN			Relationship: HUSBAND Address: PUROK NANGKA, KILIM, BAYBAY CITY, LE Tel. #			
Responsible for Hospital Account MAGDALENE UNAJAN			Address: PUROK NANGKA, KILIM, BAYBAY CITY, LE Employer: Tel. #			
Responsible for Hospital Account Relationship to Patient PT. HERSELF			Responsible for Hospital Account Position Notice of Admission Direct to Room			
Account Name			PHILHEALTH TYPE: GM Remarks: Hospitalization Plan Personal			
Admission Date & Time: Jan 18 2023 2:41PM			Admitting Clerk: TALON, CHARLEN ROSAL			
Discharge Date & Time:						

I CERTIFY THAT THE FACTS I HAVE GIVEN ARE TRUE TO THE BEST OF MY KNOWLEDGE

Informant: **MAGDALENE UNAJAN**
Relation to Patient: **PT. HERSELF**

Address: **PUROK NANGKA, KILIM, BAYBAY CI**
Tel. #:

Final Diagnosis:

Papillary thyroid carcinoma, left. Stage I (T₁ N₀ M₀)
Follicular nodular disease, right
SLP FNAB 11/29/22
Hypertensive cardiovascular disease
Diabetes mellitus type 2

ICD10 Code

Procedures/Operations:

Total thyroidectomy

NOTE: ALWAYS INDICATE DIAGNOSIS/PROCEDURE IN ORDER OF IMPORTANCE. INDICATE IF PROCEDURE IS MINOR/MAJOR.

Method of Discharge:

[] Wheel Chair [] In Arms
[] Stretcher [] With Doctor's Permission
[] Ambulatory [] Released against advice of doctor

Result:

[] Recovered [] Died
[] Improved [] Autopsied
[] Unimproved [] Not Autopsied

I HAVE REVIEWED THIS RECORD AND FOUND IT TO BE ACCURATE AND COMPLETE

Attending Doctor(s):

Attending Doctor1: **MARSHA TOLENTINO -M.D.**

Attending Doctor2: **JONATHAN PLAZA -M.D.**

HMO Coordinator:

Service: **MEDICINE**

Signature of Attending Physician

Discharged by: