



Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
IPHO Bldg., Sudlon, Lahug, Cebu City



July 9, 2018

UNNUMBERED MEMORANDUM

FINANCIAL ASSISTANCE FOR ELIZABETH I. BALONGCAS

**TO: Assistant Schools Division Superintendents
Chiefs, Functional Divisions
Education Program Supervisors/Coordinators
Public Schools Division Supervisors (PSDSs)/OICs
Principal/Heads of Secondary Schools
All Others Concerned**

1. For information and guidance of all concerned, Mrs. Elizabeth I. Balongcas was diagnosed with **VALVULAR HEART DISEASE: Rheumatic Mitral Stenosis, Severe with Mild Aortic Stenosis in Congestive Heart Failure, in Atrial Fibrillation NYHA Class 3C**. She was admitted in Chong Hua Hospital from June 25, 2018 to July 1, 2018. Mrs. Balongcas was advised by the Attending Physician to undergo an **Open Heart Surgery**, as the only possible way to regain her health condition.
2. In connection with this, this office is humbly appealing to your generous heart for any financial assistance to help Mrs. Balongcas defray her medical expenses and hopefully for the possible surgery she will undergo. Please send/give your financial help to **MS. MA. TERESA PERALTA** at Disbursing Section, Division Office.
3. For information and dissemination of all concerned.


RHEA MAR A. ANGTUD, Ed.D., CESO VI
Schools Division Superintendent

Republic of the Philippines
Region VII, Central Visayas
DEPARTMENT OF EDUCATION
Division of Cebu Province

OFFICE OF THE PSDS

District of Boljoon
Boljoon, Cebu

1552523m

1st Endorsement

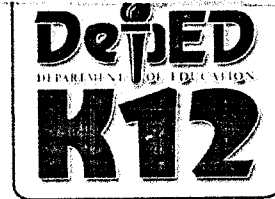
July 3, 2018

Respectfully forwarded to **RHEA MAR A. ANGTUD, ED.D., CESO VI, Schools Division Superintendent of Cebu Province**, IPHO Building, Sudlon, Lahug, Cebu City the herein basic communication requesting for financial assistance of **MRS. ELIZABETH I. BALONGCAS** which is self-explanatory.


JOSE GLENN L. NIERE
PSDS



Region VII, Central Visayas
DEPARTMENT OF EDUCATION
Division of Cebu Province
OFFICE OF THE PSDS
District of Boljoon
Boljoon, Cebu



July 3, 2018

DR. RHEA MAR A. ANGTUD, Ed.D., CESO VI
Schools Division Superintendent
Division of Cebu Province
Sudlon, Lahug, Cebu City

Madam:

Greetings of Peace and Joy!

It is with a sober heart to inform your office about the health condition of **MRS. ELIZABETH I. BALONGCAS**, Head Teacher III of Baclayan Elementary School, District of Boljoon.

Mrs. Balongcas was admitted in Chong Hua Hospital from June 25, 2018 up to July 1, 2018. She was diagnosed of **“VALVULAR HEART DISEASE: RHEUMATIC MITRAL STENOSIS, SEVERE WITH MILD AORTIC STENOSIS IN CONGESTIVE HEART FAILURE, IN ATRIAL FIBRILLATION NYHA CLASS 3C”**.

As of this moment, she has been discharged but was advised to remain close in the hospital as she might have another attack on her illness which needs urgent medical attention. Further, she has been advised to undergo **Open Heart Surgery**, as the only possible way to regain her health condition and to extend life longer.

In this connection, I am humbly knocking on your benevolent heart and seeking for financial assistance from DepEd Cebu Province Family to help her defray her medical expenses and hopefully for the surgery she wishes to undergo.

Attached herewith are her medical records for your reference.

Sincerely yours,

JOSE GLENN L. NIERE
PSDS, District of Boljoon



CHONG HUA HOSPITAL
Fuente Osmeña, Cebu City, Philippines 6000



PhilHealth



MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN:

This is to certify that **BALONGCAS, ELIZABETH IMPERIAL** has been under treatment at Chong Hua Hospital from **June 25, 2018** to **July 1, 2018** for the following.

DIAGNOSIS:

VALVULAR HEART DISEASE: RHEUMATIC MITRAL STENOSIS, SEVERE WITH MILD AORTIC STENOSIS IN CONGESTIVE HEART FAILURE, IN ATRIAL FIBRILLATION NYHA CLASS 3C

This certification is issued upon the request of the interested party for whatever purpose it may serve.

Issued this **1st** day of **July, 2018** at Cebu City, Philippines.

ABE F. MONTEJO, M.D.

License No : 108953

ATTENDING PHYSICIAN

NOT VALID WITHOUT SEAL



CHONG HUA HOSPITAL

Fuente Osmeña St., Cebu City, Philippines 6000
Tel. No. +63 (32) 255-8000 : Fax No. +63 (32) 253-5639
Website : www.chonghua.com.ph : E-mail : info@chonghua.com.ph

DISCHARGE SUMMARY / CLINICAL ABSTRACT

Form ACC-HOS-004 Ver02

PATIENT DETAILS:			
PATIENT'S NAME: <u>BALONGCAS, ELIZABETH IMPERIAL</u>		PATIENT NO: <u>18010005997-8</u>	
BIRTHDATE: <u>April 02, 1966</u>	AGE: <u>52</u>	SEX: <u>FEMALE</u>	
BIRTHPLACE: <u>CEBU CITY</u>	CITIZENSHIP: <u>FILIPINO</u>	CIVIL STATUS: <u>WIDOWED</u>	
CONTACT NO. (RESIDENCE): <u>09231037386</u>	(OFFICE): _____	(MOBILE): _____	
CITY ADDRESS: <u>Manilla</u>			
PROVINCIAL ADDRESS: _____			

ADMISSION DETAILS:	Date admitted: <u>June 25, 2018</u>	Department: <u>MED</u>
DISCHARGE DETAILS:	Date Discharged: _____	Room Number: <u>M02</u>

ATTENDING PHYSICIAN <i>Consultant(s)-in-charge during admission</i>		PLS. FILL UP DETAILS IF FOR FF-UP W/ ANOTHER PHYSICIAN:	
Name: <u>MONTEJO, ABE FLORDELIS, M.D.</u>	Name: _____		
Address: <u>ROOM 214 CHH FUENTE MEDICAL ARTS</u>	Address: _____		
Phone: <u>(032) _____</u>	Phone: _____		

DISCHARGE DIAGNOSES and CO-MORBIDITIES (Please enumerate):

ALVULAR HEART DISEASE: RHEUMATIC MITRAL STENOSIS, SEVERE WITH MILD AORTIC STENOSIS IN CONGESTIVE HEART FAILURE, IN ATRIAL FIBRILLATION NYHA CLASS 3C

REVIEW OF CASE (Include a narrative reason for admission, significant PE, course in ward, significant procedure, medication and other treatment provided)

REASON FOR ADMISSION:

SOB, SHORTNESS OF BREATH

MEDICAL HISTORY: (HPI/Significant Past History)

1 DAY PTAM PATIENT NOTED SOB UPON CLIMBING STAIRS. 2 EPISODE OF OTHOPNEA. NO FEVER, NO COUGH, NO EDEMA. CONDITIOION TOLERATED MORNING PTA, SOB PERSISTED ASSOCIATED WITH CONCERNED DITSTRESS WITH 2-3 SLEEP ON FLAT SURFACE. THUS SOUGHT CONSULT WITH AP. ECG DONE AND SHOWED ATRIAL FIBRILLATION AND WAS ADVISED FOR ADMISSION

ALLERGIES: Food NONE

Drugs NONE

Others NONE

SIGNIFICANT PHYSICAL EXAM:

GENERAL SURVEY: AWAKE, ALERT, COHERENT
SKIN: NO LESIONS, DRY AND ROUGH TO TOUCH WITH GOOD TURGOR
HEENT: ANICTERIC SCLERAE, PINK PALPEBRAL CONJUNCTIVAE, PUPILS EQUALLY ROUND AND REACTIVE TO LIGHT AND ACCOMODATION. LIPS AND ORAL MUCOSA PINK AND MOIST.
C/L: EQUAL CHEST EXPANSION, CLEAR BREATH SOUNDS, NO RALES, NO WHEEZE
CVS: ADYNAMIC PRECORDIUM, NORMAL RATE AND REGULAR RHYTHM, DISTINCT S1 AND S2, PMI AT 5TH LICS MCL, NO MURMURS
ABD: FLAT, NORMOACTIVE BOWEL SOUNDS, TYMPANITIC, SOFT, NO MASS, NO TENDERNESS
EXT: STRONG PERIPHERAL PULSES, PINK NAIL BEDS, CRT <2SECONDS
GUT: NEGATIVE KPS BILATERALLY
CNS: WITHIN NORMAL LIMITS

DIAGNOSTIC PROCEDURES PERFORMED:

CBC, PROTIME, 2D ED, ECG, CXR-PA

SIGNIFICANT MEDICATIONS:

MEDICAL

TREATMENT PROCEDURES:

MEDICAL



CHONG HUA HOSPITAL

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DISCHARGE SUMMARY / CLINICAL ABSTRACT

Form ACC-HOS-004 Ver02

PATIENT DETAILS:

PATIENT'S NAME: BALONGCAS, ELIZABETH IMPERIAL PATIENT NO: 18010005997-8
 BIRTHDATE: April 02, 1966 AGE: 52 SEX: FEMALE
 BIRTHPLACE: CEBU CITY CITIZENSHIP: FILIPINO CIVIL STATUS: WIDOWED
 CONTACT NO. (RESIDENCE): 09231037386 (OFFICE): _____ (MOBILE): _____
 CITY ADDRESS: Minglanilla
 PROVINCIAL ADDRESS: _____

ADMISSION DETAILS: Date admitted: June 25, 2018 Department: MED
DISCHARGE DETAILS: Date Discharged: _____ Room Number: M02

<p>ATTENDING PHYSICIAN Consultant(s)-in-charge during admission Name: <u>MONTEJO, ABE FLODELIS, M.D.</u> Address: <u>ROOM 214 CHH FUENTE MEDICAL ARTS</u> Phone: <u>(032) _____</u></p>	<p>PLS. FILL UP DETAILS IF FOR FF-UP W/ ANOTHER PHYSICIAN: Name: _____ Address: _____ Phone: _____</p>
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OTHER ANCILLARY PROCEDURES (Include dates):

- Please refer to attached reports. N/A

COURSE IN THE WARD:

PATIENT WAS ADMITTED DUE TO DYSPNEA. VENOCLYSIS STARTED. 2D ED SHOWED Rheumatic Heart Disease, Severe Mitral Stenosis (MVA by 2D planimetry = 0.4 cm², MVA = 0.5 cm² by PHT, mean gradient = 21 mmHg). Wilkins Score is 12 (M2T4C4S2) and with mild Mitral Regurgitation. Mild Aortic Stenosis (AVA = 1.5 cm² by continuity equation, dimensionless index = 0.85, mean gradient = 8 mmHg and peak gradient = 13 mmHg) with mild Aortic Regurgitation (AR +1). WARFARIN STARTED. OVER THE COURSE OF HOSPITAL STAY, PATIENT NOTED IMPROVEMENT OF DYSPNEA AND PATIENT WAS DISCHARGED IMPROVED.

FUNCTIONAL STATUS:

- | | | | | | |
|-----------------------------|--|--|---|--|---|
| Eyesight : | <input checked="" type="checkbox"/> No Problem | <input type="checkbox"/> Glasses | <input type="checkbox"/> Blurred | <input type="checkbox"/> Blind | <input type="checkbox"/> Not Applicable |
| Hearing : | <input checked="" type="checkbox"/> No Problem | <input type="checkbox"/> Limited | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Not Applicable | |
| Speech : | <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Slurred | <input type="checkbox"/> Aphasic | <input type="checkbox"/> Not Applicable | |
| Urinary Continence : | <input checked="" type="checkbox"/> No Problem | <input type="checkbox"/> Incontinent | <input type="checkbox"/> Foley Catheter | <input type="checkbox"/> Condom Catheter | |
| Needs Assistance in: | <input type="checkbox"/> Feeding | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Dressing | <input type="checkbox"/> Transfer | |
| Mobility : | <input checked="" type="checkbox"/> No Problem | <input type="checkbox"/> Ambulates w/ assistance | <input type="checkbox"/> Chairfast | <input type="checkbox"/> Bedfast | |
- Others (if any):** _____

NUTRITIONAL STATUS : Undernourished Nourished Overnourished
Dietary Specifications: _____ Dietary Plan Attached
Diet : Oral Tube TPN

CONDITION ON DISCHARGE:

<input type="checkbox"/> Recovered	<input checked="" type="checkbox"/> Improved	<input type="checkbox"/> Controlled	<input type="checkbox"/> Unresolved	<input type="checkbox"/> Expired
<input checked="" type="checkbox"/> As Advised	<input type="checkbox"/> Transferred	<input type="checkbox"/> Against Advise	<input type="checkbox"/> Absconded	

INSTRUCTIONS TO THE PATIENT/FAMILY, MEDICATIONS AND DIETS (Please see attached sheet/s).

- THE PATIENT** HAS BEEN GIVEN A COPY OF THIS SUMMARY
 HAS NOT BEEN GIVEN A COPY OF THIS SUMMARY (state reason) :

AUTHOR DETAILS:

Resident Physician-In-Charge: ZAPATA, FERDINAND RENFRED MD Signature: Ferdinand Zapata MD Date: 6/1/18
 Primary Attending Physician: MONTEJO, ABE FLODELIS, M.D. Signature: Abe Montejo MD Date: _____