

Republic of the Philippines

Department of Education

Region VII, Central Visayas

DIVISION OF CEBU PROVINCE

Sudlon, Lahug, Cebu City



June 17, 2019

DIVISION MEMORANDUM

No. 339 s. 2019

**REQUEST FOR VOLUNTARY FINANCIAL ASSISTANCE
FOR MS. MARITES M. PATINDOL**

To: Assistant Schools Division Superintendents
Chiefs, SGOD/CID
Education Program Supervisors/Coordinators
Public Schools District Supervisors
Elementary and Secondary School Heads
All Other Concerned

1. We would like to request for your voluntary financial assistance for Ms. Marites M. Patindol, Teacher of Buanoy Central School, Balamban II District. She has been suffering from a severe pain brought about by the enlarged cyst on her breast coupled with a continuous and long period of bleeding.
2. Relative to the above mentioned circumstance we humbly asked of your voluntary contribution to defray expenses. Please give your monetary assistance directly to Mrs. Arsenia B. Calvo, Principal II of Buanoy Central School and ask for acknowledgment receipt of the amount of your financial assistance. You may call her through her mobile no. 0918 - 1867978.
3. Your help will go a long way towards paying for Ms. Patindol's mammography and all other laboratory test.
4. For your guidance and immediate dissemination.


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



Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF CEBU PROVINCE
District of Balamban 2
BUANOY CENTRAL SCHOOL



2nd ENDORSEMENT

June 6, 2019

Respectfully forwarded to the Schools Division Superintendent Dr. Rhea Mar A. Angtud, Division of Cebu Province, IPHO Bldg., Sudlon, Lahug, Cebu City. The herein letter of request of the School Principal of Buanoy Central School, Mrs. Arsenia B. Calvo relative to the case of Mrs. Patindol of which basic communication is self-explanatory and inviting attention on the matter for favorable action.

Any kind consideration extended on the matter is highly appreciated.

CRISTOPHER C. PIODOS

PSDS

Department of Education
Region VII, Central Visayas
Division Of Cebu
District of Balamban II
BUANOY CENTRAL SCHOOL

June 4, 2019

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

Madam :

Pleasant day Greetings !

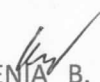
I have the honor to inform that good office that one of our teachers in this school, Buanoy Central School, in the person of Miss Marites M. Patindol, a permanent Teacher in this school, has been applying for a Sick Leave for 1 Month Long With Pay for she has been suffering from a severe pain brought about by the enlarged cyst on her breast coupled with a continuous and long period of bleeding that she has been advised by her physician to undergo a series of laboratory tests but until now she has not undergone the aforesaid series of laboratory tests due to financial constraints (Please see attached documents).

In view of the above premise, the undersigned humbly requests that good office that she will be extended with voluntary financial assistance from our brothers and sisters in the Division of Cebu Province, the DepEd family in a way that she would be able to address her mammography and all other laboratory tests needed of her by her physician to be performed so that she can be thoroughly diagnosed and treated.

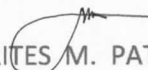
Attached herewith are her pertinent documents in support to her desire to be afforded with voluntary financial assistance.

Thank you very much and Godspeed.

Very truly yours,


ARSENIA B. CALVO
Principal 2

Conformed by :


MARITES M. PATINDOL
Teacher

Noted :


CRISTOPHER C. PIODOS
District Supervisor



Name : PATINDOL, MARITES MAANO
Age : 51 Gender F
Physician : HAIRANE, AINON -
Address : NA, NA, TUBURAN, CEBU, PH, 6043

Transaction No: 20201905160134
Order Id: 4019060813
Performed Date: 5/16/2019 1:40:00PM
Result Date : 5/16/2019 3:57:00PM

WOMANCARE REPORT

TRANS-VAGINAL SONOGRAPHY

REPORT :

TRANSVAGINAL:

The uterus is retroverted with smooth contour and homogeneous echopattern measuring 8.8 x 6.8 x 5.4 cm. The cervix measures 2.9 x 2.8 x 3.2 cm with homogenous stroma and distinct endocervical canal.

The endometrium is hyperechoic measuring 1.8 cm. The subendometrial halo is intact.

The right ovary measures 2.3 x 1.2 x 2.6 cm.

The left ovary measures 3.7 x 3.3 x 3.2 cm with a unilocular anechoic cyst measuring 3.3 cm.

There are no adnexal masses seen.

There is no free fluid in the cul de sac.

IMPRESSION : NORMAL SIZED UTERUS
THICKENED ENDOMETRIUM, CONSIDER ENDOMETRIAL PATHOLOGY
NORMAL RIGHT OVARY
LEFT OVARIAN CYST, CONSIDER PHYSIOLOGIC CYST

* PLEASE CORRELATE WITH CLINICAL FINDINGS. SUGGEST REPEAT SCAN ON DAYS 3- OF THE CYCLE AFTER 2-3 MONTHS TO REASSESS THE CYST.

JENEVY MANCAO BERAÑO

Encoded By:

LY ANN O. CANIESO

PRC No.

Technologist

WWW.LHPRIME.COM

CELESTE D. VILLAMOR, M.D., FPOGS,
FPSUOG

PRC No.

SONOLOGIST

Date Printed : 5/16/2019 3:57:32PM



Tess Annette E. Serrato - Libron, MD, DOBS

**SURGICAL ONCOLOGY
GENERAL & LAPAROSCOPIC SURGERY**

Care and Cure Hub
Your one-stop destination for your healthcare needs

Basement 2, Ayala Center, Cebu
Tel No. (032) 416-5899

Rm. 503, SPC Medical Specialty Center
Perpetual Succour Hospital
Cebu City
Tel. No. (032) 412-2449
Tuesdays - Thursdays
8:00 AM - 10:00 AM

Rm. 908, Medical Arts Bldg.
St. Luke's Medical Center
Global City
Metro Manila, Taguig City
Saturdays, Mondays
10:00 AM - 2:00 PM

MEDICAL CERTIFICATE

Date: 5/29/19

To whom it may concern:

This is to certify that Mr./Ms. MARITES PATINDOR

Age: 57 Sex: F was seen and examined on 5/29/19

Patient's history and laboratories were reviewed.

Impression/Diagnosis: ⓐ breast mass No malignancy
with nodal involvement

Recommendations/ Remarks:

Rest for _____ () days recuperation from date of consult

Physically fit to go back to work

Others: advised to leave from work for intensive
working and treatment starting 5/29/19.
Breast WZ + mammogram on 5/30-5/31/19, other labs on 6/3/19

This certificate, which is issued upon the request of the patient, serves for medical purpose only, and is not intended for any medico-legal matters.

Thank you. Schedule of Core needle biopsy on 6/4/19

with advise to rest 7 days post-procedure.

Other recommendations will be given after completion

TESS ANNETTE SERRATO-LIBRON, MD

LIC # 107498

PTR # 0290553

[Signature]

Tess A. Serrato - Libron, M.D., FPCS, FPSCS, FPALES, FSOSP
SURGICAL ONCOLOGY • GENERAL & LAPAROSCOPIC SURGERY

Rm. 503, SPC Medical Specialty Center
 Perpetual Succour Hospital
 F. 22 Drive, Cebu City 6000
 T W T H 8:00 AM – 10:00 AM
 Tel # (032) 412-2449

St. Luke's Medical Center-Global City
 32nd St., Taguig City Metro Manila
 Saturdays, Mondays
 By Appointment

Other Hospital Affiliations:

St. Luke's Medical Center-Quezon City • University of Cebu Medical Center
 Chong Hua Hospital, Main- Fuente, Cebu • Chong Hua Hospital, Mandaue

Patient: MARLITES PATINDOL Age/Sex: 51/F

Address: Puturan, Cebu Date: 5/29/19

to: CHH Fuente

IMAGING REQUESTS

XRAY EXAMINATIONS

- | | | |
|--|--|---|
| <input type="checkbox"/> CXR PA/L | <input type="checkbox"/> CERVICAL APL | <input type="checkbox"/> FOOT APO |
| <input type="checkbox"/> ABDOMEN FLATPLATE/
UPRIGHT | <input type="checkbox"/> THORACOLUMBAR APL | <input type="checkbox"/> JOINT
R/L _____ |
| <input type="checkbox"/> SKULL APL | <input type="checkbox"/> LUMBOSACRAL APL | <input type="checkbox"/> EXTREMITY R/L |
| <input type="checkbox"/> TOWNE'S VIEW | <input type="checkbox"/> PELVIS AP | <input type="checkbox"/> _____ |
| <input type="checkbox"/> PARANASAL SINUSES | <input type="checkbox"/> KUB | <input type="checkbox"/> OTHERS: _____ |
| | <input type="checkbox"/> HAND APO R / L | |

ULTRASOUND EXAMINATIONS

- | | | | |
|-------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Whole Abdomen | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Soft tissue |
| <input type="checkbox"/> HBT | <input type="checkbox"/> Upper Abdomen | <input type="checkbox"/> Transvaginal | <input type="checkbox"/> EUS |
| <input type="checkbox"/> KUB | <input type="checkbox"/> Lower Abdomen | <input type="checkbox"/> Transrectal | <input checked="" type="checkbox"/> breast sonogram + mammogram |

SCANS (+/- CONTRAST)

- Cranial
- Head
- Paranasal sinuses
- Neck
- Breast
- Chest
- Whole Abdomen

CTSCAN

- Liver (Dynamic, 4-Phase)
- Pancreatic Protocol
- Upper Abdomen
- Lower Abdomen
- Pelvis
- Rectal

MRI

- Muskuloskeletal
(Extremity/Soft tissue)
- Spine
- MRCP
- CT Angiography: _____

NUCLEAR IMAGING

Bone Scan

PET Scan

RAI Scan

CONTRAST STUDIES

- ESOPHAGOGRAM/ BARIUM
- SWALLOW
- UGIS
- SMALL BOWEL SERIES
- TUBE CHOLANGIOGRAM
- PYELOGRAM
- LGIS/ BARIUM ENEMA
- FISTULOGRAM

OTHERS:

- | | |
|---|---|
| <input type="checkbox"/> ECG 12-L | <input type="checkbox"/> PERIPHERAL |
| <input type="checkbox"/> ECHO SCAN | VASCULAR STUDY |
| <input type="checkbox"/> 2D ECHO PLAIN | <input type="checkbox"/> ARTERIAL U / L |
| <input type="checkbox"/> 2D ECHO WITH DOPPLER | <input type="checkbox"/> VENOUS U / L |
| <input type="checkbox"/> CAROTID SCAN | |
| <input type="checkbox"/> MESENTERIC ANGIOGRAM | |

 M.D.

LIC. No.: 107498

PTR No.: _____

S2 No.: _____

Annette E. Serrato - Libron, FPC, FPSGS, FPALES, FSOSP

SURGICAL ONCOLOGY • GENERAL & LAPAROSCOPIC SURGERY

Rm. 503, SPC Medical Specialty Center
Perpetual Succour Hospital
F. 22 Drive, Cebu City 6000
T W TH 8:00 AM - 10:00 AM
Tel # (032) 412-2449

St. Luke's Medical Center-Global City
32nd St., Taguig City Metro Manila
Saturdays, Mondays
By Appointment

Other Hospital Affiliations:

St. Luke's Medical Center-Quezon City • University of Cebu Medical Center
Chong Hua Hospital, Main- Fuente, Cebu • Chong Hua Hospital, Mandaue

Patient: MARITES PATINDOL Age/Sex: 57/F
Address: Talavera, Cebu Date: 5/29/19

M: PSA

IMAGING REQUESTS

XRAY EXAMINATIONS

- CXR PA/ L
- ABDOMEN FLATPLATE/ UPRIGHT
- SKULL APL
- TOWNE'S VIEW
- PARANASAL SINUSES
- CERVICAL APL
- THORACOLUMBAR APL
- LUMBOSACRAL APL
- PELVIS AP
- KUB
- HAND APO R/ L
- FOOT APO
- JOINT R/L
- EXTREMITY R/L
- OTHERS: _____

ULTRASOUND EXAMINATIONS

- Neck
- HBT
- KUB
- Whole Abdomen
- Upper Abdomen
- Lower Abdomen
- Pelvis
- Transvaginal
- Transrectal
- Soft tissue
- EUS
- Breast sonogram + mammogram

SCANS (+/- CONTRAST)

- Cranial
- Head
- Paranasal sinuses
- Neck
- Breast
- Chest
- Whole Abdomen

CTSCAN

- Liver (Dynamic, 4 -Phase)
- Pancreatic Protocol
- Upper Abdomen
- Lower Abdomen
- Pelvis
- Rectal

MRI

- Muskuloskeletal (Extremity/Soft tissue)
- Spine
- MRCP
- CT Angiography: _____

NUCLEAR IMAGING

Bone Scan

PET Scan

RAI Scan

CONTRAST STUDIES

- ESOPHAGOGRAM/ BARIUM
- SWALLOW
- UGIS
- SMALL BOWEL SERIES
- TUBE CHOLANGIOGRAM
- PYELOGRAM
- LGIS/ BARIUM ENEMA
- FISTULOGRAM

OTHERS:

- ECG 12-L
- ECHO SCAN
- 2D ECHO PLAIN
- 2D ECHO WITH DOPPLER
- CAROTID SCAN
- MESENTERIC ANGIOGRAM
- PERIPHERAL VASCULAR STUDY
- ARTERIAL U/ L
- VENOUS U/ L

[Signature]
_____, M.D.

LIC. No.: 107498

PTR No.: _____

S2 No.: _____

Rm. 503, SPC Medical Specialty Center
Perpetual Succour Hospital
F. 22 Drive, Cebu City 6000
Clinic Hours:
Tuesdays, Wednesday, Thursdays
8:00 AM - 10:00 AM
Tel # (032) 412-2449

St. Luke's Medical Center-Global City
32nd St., Taguig City Metro Manila
Saturdays, Mondays
By Appointment

Other Hospital Affiliations:

St. Luke's Medical Center-Quezon City • University of Cebu Medical Center
Chong Hua Hospital, Main- Fuente, Cebu • Chong Hua Hospital, Mandaue

Patient: MARCUS PATINDOL Age/Sex: 51/M
Address: Davao Date: 5/24/15

LABORATORY REQUESTS

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> CBC | <input type="checkbox"/> TPAG | <input type="checkbox"/> CK-MB |
| <input type="checkbox"/> Blood typing | <input checked="" type="checkbox"/> SGPT | <input type="checkbox"/> Na K |
| <input type="checkbox"/> Clotting/ Bleeding Time | <input type="checkbox"/> SGOT | <input type="checkbox"/> Cl |
| <input checked="" type="checkbox"/> Prottime | <input checked="" type="checkbox"/> ALP | <input type="checkbox"/> Mg P |
| <input type="checkbox"/> APTT | <input type="checkbox"/> Bilirubin (TB/ DB) | <input type="checkbox"/> Ca (total, ionized) |
| <input type="checkbox"/> ESR | <input type="checkbox"/> Amylase | <input type="checkbox"/> Thyroid Panel |
| <input type="checkbox"/> CRP | <input type="checkbox"/> Lipase | <input type="checkbox"/> (TSH, FT4, FT3) |
| <input checked="" type="checkbox"/> FBS | <input checked="" type="checkbox"/> HBsAg (Quali., Quanti.) | <input checked="" type="checkbox"/> Creatinine |
| <input type="checkbox"/> HBA1c | <input checked="" type="checkbox"/> Anti-HBs | <input type="checkbox"/> BUA |
| <input checked="" type="checkbox"/> Lipid Panel
(Cholesterol, HDL,
LDL, VLDL, TG) | <input type="checkbox"/> HBV-DNA | <input type="checkbox"/> BUN |
| | <input type="checkbox"/> Anti-HCV | <input type="checkbox"/> Others: _____ |
| | <input type="checkbox"/> Troponin I | |

SERUM MARKERS

- | | |
|---------------------------------|---|
| <input type="checkbox"/> PSA | <input type="checkbox"/> HE4 |
| <input type="checkbox"/> LDH | <input checked="" type="checkbox"/> CA 15-3 |
| <input type="checkbox"/> CEA | <input type="checkbox"/> CA 19-9 |
| <input type="checkbox"/> AFP | <input type="checkbox"/> Thyroglobulin |
| <input type="checkbox"/> B-hcg | <input type="checkbox"/> Anti-thyroglobulin |
| <input type="checkbox"/> CA-125 | |

OTHER REQUESTS:

- | |
|--|
| <input checked="" type="checkbox"/> Urinalysis |
| <input type="checkbox"/> S/E - OPEH |
| <input type="checkbox"/> FOBT |
| <input type="checkbox"/> Gm stain, Culture |
| <input type="checkbox"/> AFB stain |

Next appointment: _____

_____, M.D.
LIC. No.: 107498
PTR No.: _____
S2 No.: _____

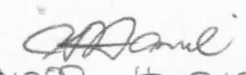
Name: MARITES PATINDOL Date: 5/16/19
Age: 51 Sex: F

- | Executive Panel | Executive Panel | Special Profile | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Executive Panel Junior | <input type="checkbox"/> Prime Plan 1 | <input type="checkbox"/> Hepatitis Profile | <input type="checkbox"/> Diabetes Profile |
| <input type="checkbox"/> Executive Panel A | <input type="checkbox"/> Prime Plan 2 | <input type="checkbox"/> Lipid Profile | <input type="checkbox"/> Prenatal Profile |
| <input type="checkbox"/> Executive Panel B | <input type="checkbox"/> Prime Plan 3 | <input type="checkbox"/> Liver Profile | <input type="checkbox"/> Woman Care Package A |
| <input type="checkbox"/> Executive Panel C | | <input type="checkbox"/> Thyroid Profile | <input type="checkbox"/> Woman Care Package B |

Remarks :

Breast mammography

imp: (L) Breast mass


DR. AINO HAIRANE

Name: MARITES PATINOOL

Date: 5/16/19

Age: 51

Sex: F

Executive Panel

- Executive Panel Junior
- Executive Panel A
- Executive Panel B
- Executive Panel C

Executive Panel

- Prime Plan 1
- Prime Plan 2
- Prime Plan 3


Special Profile

- Hepatitis Profile
- Lipid Profile
- Liver Profile
- Thyroid Profile
- Diabetes Profile
- Prenatal Profile
- Woman Care Package A
- Woman Care Package B

Remarks :

Breast USG

Imp: R/O Breast malignancy. (L)


DR. AMON T. HARKNE



ROUTING SLIP

Patient Name : **PATINDOL, MARITES MAANO**
Age : 51
Sex : F
Address : NA NA TUBURAN CEBU PH 6043

Patient No : 201000280109
Encoder : ISELLE A. RENDON
Contact : / 09383736161
Date / Time : 5/16/2019 1:02:00PM
Physician : HAIRANE, AINON -

Priority No.	Package / Exam Name
31	TRANS-VAGINAL SONOGRAPHY WOMANCARE

Remarks : LMP 5/6/19

DATE

PATINDOL, MARITES MAANO

Signature over printed name

Results To : PICKUP
PATINDOL, MARITES MAANO
MICHELLE

Note: All Exams & Procedures not availed within 30 days will be FORFEITED.
Unclaimed results within 30 days from the date of transaction will be discarded.
We are implementing the "NO ID, NO CLAIM POLICY" for our Walk-in Patients when claiming medical results.
In cases where significant others claim the medical results in your behalf, a letter of authorization must be presented to our Releasing Section including an ID of the claimant.

Name: MARITES PATINDOL Date: 5/16/19
Age: 51 Sex: F

- | Executive Panel | Executive Panel | Special Profile |
|---|---------------------------------------|--|
| <input type="checkbox"/> Executive Panel Junior | <input type="checkbox"/> Prime Plan 1 | <input type="checkbox"/> Hepatitis Profile <input type="checkbox"/> Diabetes Profile |
| <input type="checkbox"/> Executive Panel A | <input type="checkbox"/> Prime Plan 2 | <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Prenatal Profile |
| <input type="checkbox"/> Executive Panel B | <input type="checkbox"/> Prime Plan 3 | <input type="checkbox"/> Liver Profile <input type="checkbox"/> Woman Care Package A |
| <input type="checkbox"/> Executive Panel C | | <input type="checkbox"/> Thyroid Profile <input type="checkbox"/> Woman Care Package B |

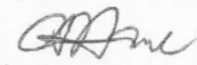
Remarks :

TUS

LMP: 5/6/19

GoPo

MP: LUS


DR ARON HAIRANE