



Republic of the Philippines
City Government of Antipolo
ANTIPOLO CITY HOSPITAL SYSTEM - ANNEX

Control No. _____

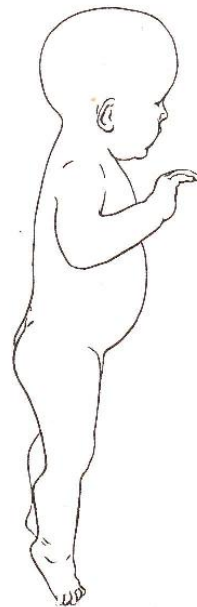
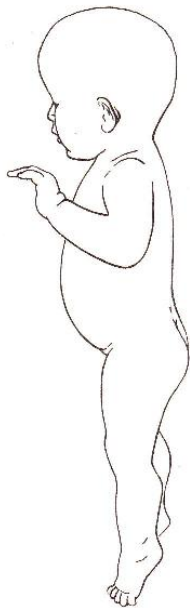
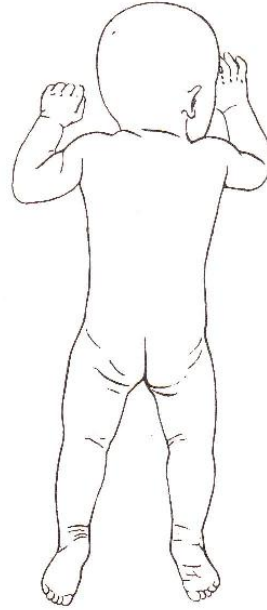
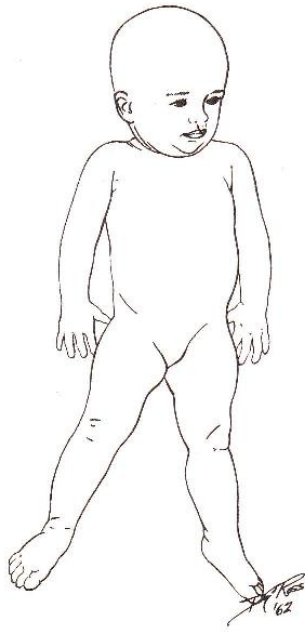
ML No. _____

Date: _____

Last name: _____ First Name: _____ Middle Name: _____

Sex: Male. Female Age: _____

Date of examination: _____ A.M. _____ P.M.



Name and Signature of Examining physician