UNIVERSITY OF CEBU MEDICAL CENTER, INC.
OUANO AVENUE, CITY SOUTH SPECIAL, ECONOMIC ADMINISTRATIVE ZONE, GUIZO, MANDAUE CITY, CEBU 6014
Telephone No. (032) 517 - 0888
Website : www.ucmed.ph



MEDICAL CERTIFICATE

HOSPITAL #: 462052

DATE: October 01, 2025

TO WHOM IT MAY CONCERN:

This is to certify that **PLANAS, BERNARD MANGILAYA**, **31 yrs old** has been admitted at University of Cebu Medical Center from **September 25, 2025** to **September 30, 2025** for the following

DIAGNOSIS:

FRACTURE, CLOSED, COMPLETE, DISPLACED, COMMINUTED, CLAVICLE, RIGHT SECONDARY TO MOTOR VEHICULAR ACCIDENT
ESSENTIAL HYPERTENSION

PROCEDURE:

SEPT 27,2025 OPEN REDUCTION INTERNAL FIXATION CLAVICLE RIGHT

REMARKS:

ALWEN MENDOZA ARONG
Attending Physician
PTR No.:
Lic. No.: 0111720

Attending Physician
PTR No.:
Lic. No.:

NOT VALID WITHOUT SEAL

UCMed
UNIVERSITY OF CEBU MEDICAL CENTER, INC.
OUANO AVENUE, CITY SOUTH SPECIAL, ECONOMIC ADMINISTRATIVE ZONE, GUIZO, MANDAUE CITY, CEBU 6014
Contact No.: 517-0888

MEDICAL ABSTRACT/ DISCHARGE SUMMARY

Name: **PLANAS, BERNARD MANGILAYA** **MRN:** 462052

Age: 31 Sex: Male Room: MS-1

Attending Physician: ARONG, ALWEN MENDOZA

Date Admitted: September 25, 2025 **Time Admitted:** 11:45 PM

Date Discharged: **Time Discharged:**

Room Transfer Details:

Old Room Last Room

Other Physician:

ADMITTING HISTORY:

Chief Complaint: RIGHT SHOULDER PAIN
RIGHT LEG PAIN

Admitting Diagnosis: FRACTURE, CLOSED, COMPLETE, DISPLACED, COMMINUTED MIDDLE 3RD CLAVICLE RIGHT

Brief Clinical History:

NOI: MOTOR VEHICLE ACCIDENT
TOI: 4PM
DOI: 9/25/25
POI: ROAD (SOGOD)

8HRS PTA, RIDING MOTORCYLE, LOST BALANCE AND FELL ON RIGHT SIDE, HITTING RIGHT SHOULDER ON ROAD, NOTED PAIN ON RIGHT SHOULDER AND LEG. BROUGHT TO LOCAL HOSPITAL XRAY DONE ARE SHOWED CLAVICAL FRACTURE. TRANSFERRED TO THIS INSTITUTION FOR FURTHER MANAGEMENT

Physical Examination:

BP: 110/70 mm Hg HR: 87 /min RR: 19 /min Temperature: 37 Celsius

WT: 77.00 HT:175CM BMI:

Course in the Ward:

2025-09-25 - HOSPITAL DAY 0
ADMIT THE PATIENT UNDER ORTHOPEDIC SERVICE. CONSENT TO CARE SECURED. VITAL SIGNS EVERY 4HRS.INTAKE AND OUTPUT EVERY SHIFT.,PENDING LABORATORIES:
MEDICATIONS:
1. CELECOXIB 200MG PO BID
2. ALGESIA 37.5MG/325MG PO TID,>ICE COMPRESS ON RIGHT CLAVICLE AND RIGHT LEG 30MINS ON, 5MINS OFF
MONITORED ACCORDINGLY.

2025-09-26 - HOSPITAL DAY 1,PATIENT SEEN AND EXAMINED. REFERRED TO GS FOR ONGOING HEADACHE.
MAINTAIN ON ARM SLING, RIGHT,RECEIVING AT FLOOR VITAL SIGNS:
BP: 120/70MMHG,HR: 71BPM,RR: 21CPM,T: 36.0C,O2 SAT: 98% AT RA,LABORATORIES:,WBC: 8.26/54/38/6/2/0

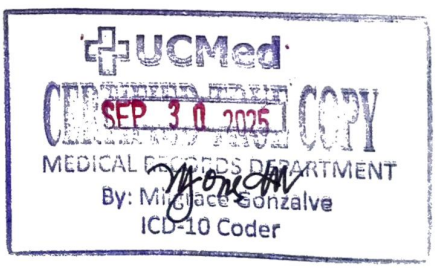
UCMed
CERTIFIED TRUE COPY
SEP 30 2025
MEDICAL RECORDS DEPARTMENT
By: M[illegible] Gonsalve
ICD-10 Coder

UNIVERSITY OF CEBU MEDICAL CENTER, INC.
OUANO AVENUE, CITY SOUTH SPECIAL, ECONOMIC ADMINISTRATIVE ZONE, GUIZO, MANDAUE CITY, CEBU 6014
Contact No.: 517-0888

MEDICAL ABSTRACT/ DISCHARGE SUMMARY

RBC: 5.3H,HGB: 15.7,HCT: 47.3,PLT: 305,BLOOD TYPE "A" RH POSITIVE
HBSAG: NONREACTIVE,POTASSIUM: 3.90,SODIUM: 141
CREA: 1.20,SGPT/ALT: 25,APTT 29.9,PATIENT: 23.7
PROTIME: 10.7,PATIENT: 9.2L,%ACT: 120.10,INR: 0.79L,HBA1C: 6.30,XRAY RIGHT CLAVICLE AP AND AXIAL:
COMMINUTED DISPLACED FRACTURE, MID TO DISTAL RIGHT CLAVICLE AS DETAILED. MILD SOFT TISSUE SWELLING, RIGHT SUPRACLAVICULAR REGION,XRAY RIGHT LEG (TIBIA/FIBULA) AP AND LATERAL:
INTACT BONES AND JOINTS OF THE RIGHT LEG,CT-SCAN SHOULDER:
COMMINUTED DISPLACED FRACTURE AT THE MIDDLE TO DISTAL THIRD OF THE RIGHT CLAVICLE SOFT TISSUE SWELLING AT THE CLAVICULAR REGION,XRAY CERVICAL SPINE AP, LATERAL AND OPEN-MOUTH:
INTACT BONES AND JOINTS OF THE CERVICAL SPINE RADIOGRAPHICALLY
XRAY CHEST AP (BUCKY):,COMPLETE MINIMALLY DISPLACED FRACTURE, RIGHT CLAVICLE
PELVIS AP:,INTACT PELVIS,CT-SCAN HEAD/BRAIN:
NO EVIDENCE OF ACUTE INTRACRANIAL HEMORRHAGE, MIDLINE SHIFT OR CEREBRAL EDEMA. MUCUS RETENTION CYST IN THE LEFT MAXILLARY SINUS. SMALL SOFT TISSUE NODULE IN THE LEFT FRONTAL SCALP REGION, CONSIDER TRICHILEMMAL CYST
MEDICATIONS:
1. PARECOXIB 40MG IV EVERY 12HRS
2. TRAMADOL 50MG IV EVERY 8HRS
3. CEFUROXIME 1.5GM IVTT ANST
SURGERY ORDERS:
MEDS:
1. TETANUS TOXOID 0.5ML DEEP IM NOW
2. TIG 250IU DEEP IM NOW
ORTHO ORDERS:
SCHEDULED FOR OREF PLATING CLAVICLE,RIGHT TFF OF DR. ARONG 9/27/25
CONTINUE ICE COMPRESS ON RIGHT CLAVICLE AREA 30MINS ON AND 5MINS OFF ROUND THE CLOCK
ANESTH ORDERS:,>NPO AT 8AM,>IVF PNSS 1L AT 120CC/HR ONCE ON NPO
MEDICATIONS:
1. OMEPRAZOLE 40MG IVTT ONCE ON NPO
2. DUAVENT 1 NEB INHALATION ONCE AT 5AM AND 12NOON TOMORROW
MANAGED ACCORDINGLY.

2025-09-27 - HOSPITAL DAY 2,PATIENT SEEN AND EXAMINED
MONITORED VITAL SIGNS,ORTHO ORDERS:,STABLE VITAL SIGNS, NOT IN PAIN
BRING XRAY PLATES TO OR,BP: 120/90MMHG,HR: 86BPM,RR: 17CPM,T: 37.1C,O2 SAT: 96% AT RA
IM ORDERS;,NO ABSOLUTE CONTRAINDICATIONS TO PLANNED SURGICAL PROCEDURE
POST OP ORTHO ORDERS:
MEDICATIONS:
1. CEFUROXIME 750MG IV EVERY 8HRS FOR 3 DOSES
2. CEFUROXIME 500MG/TABLET PO BID AFTER 3 DOSES IV
3. PREGABALIN+ MECOBALAMIN 75MG/750 MCG TABLET PO BID
>VITAL SIGNS EVERY 4HRS
>INTAKE AND OUTPUT EVERY SHIFT,POST-OP ANESTH ORDERS:,>MODERATE HIGH BACK REST,>IVF: PLR 1L AT 120CC/HR
MEDICATIONS:
1. PARACETAMOL 1G IV INFUSION EVERY 8HRS FOR 4DOSES
2. KETOROLAC 30MG IVTT EVERY 8HRS FOR 3 DOSES
3. TRAMADOL 100MG+8CC PNSS SLOW IVTT EVERY 8HRS AS NEEEDED FOR BREAKTHROUGH PAIN
4. ONDANSETRON 8MG IVTT EVERY 8HRS AS NEEDED FOR NAUSEA/VOMITING



5. CELECOXIB 200MG/CAP, 1 CAP PO BID EVERY 5DAYS
6. TRAMADOL + PARACETAMOL 37.5MG/325MG/TAB,1 TAB PO TID FOR 3 DOSES
REFERRED ACCORDINGLY.

2025-09-28 - HOSPITAL DAY 3 POD 1,PATIENT SEEN AND EXAMINED. WITH THE FOLLOWING VITAL SIGNS. AWAKE. NOT IN PAIN. NO CHEST PAIN. NO ORTHOPNEA. NO TACHYCARDIA,BP: 120/70MMHG,HR: 87BPM,RR: 19CPM,T: 36.7C,O2 SAT: 96% AT RA,RESUME MAINTENANCE MEDS:
1. LOSARTAN 50MG/TAB,1 TAB PO OD
ORTHO ORDERS:,>FOR CHANGE OF DRESSING TOMORROW
>MAY GO HOME AFTER DRESSING
TAKE HOME MEDS:
1. CEFUROXIME 500MG,1 TAB BID FOR 5DAYS
2. CELECOXIB 200MG 1 TAB BID FOR DAYS
3. CALCIUM PLUS 1 TAB OD FOR 30DAYS
>FOLLOW UP NEXT WEEK AT 1PM
IM ORDERS:
>MAY GO HOME
TAKE HOME MEDS:
1. LOSARTAN 50MG/TAB,1 TAB PO OD,CONTINUE PRESENT MANAGEMENT

2025-09-29 - HOSPITAL DAY 4 POD 2,PATIENT SEEN AND EXAMINED
MONITORED VITAL SIGNS
BP: 120/70MMHG,HR: 86BPM,,RR: 20CPM,T: 36.3C,O2 SAT: 98% AT RA
> NO OBJECTION TO DISCHARGE GS WISE,ORTHO ORDERS:,DRESSING DONE
WOUND WELL COAPTATED,FACILITATE DISCHARGE

2025-09-30 - HOSPITAL DAY 5 POD 3
PATIENT CHART BILL STILL IN,

SURGICAL OPERATION:

SEPT 27,2025 OPEN REDUCTION INTERNAL FIXATION CLAVICLE RIGHT

Working/ FINAL DIAGNOSIS:

FRACTURE, CLOSED, COMPLETE, DISPLACED, COMMINUTED, CLAVICLE, RIGHT SECONDARY TO MOTOR VEHICULAR ACCIDENT
ESSENTIAL HYPERTENSION

Remarks:

Attending Physician: **ARONG, ALWEN MENDOZA**
Signature

MERRELL ROUKE S. CERCOS, MD
Lic. No. 0163973
PTR No. 1994692

PTR #:

License No.: 0111720

UCMed
CERTIFIED TRUE COPY
SEP 30 2025
MEDICAL RECORDS DEPARTMENT
By. Ma. Eve Gonzalve
ICD-10 Coder

UNIVERSITY OF CEBU MEDICAL CENTER, INC.
OUANO AVENUE, CITY SOUTH SPECIAL, ECONOMIC ADMINISTRATIVE ZONE,
GUIZO, MANDAUE CITY, CEBU 6014
VAT REG. TIN: 43444131000000

Statement of Account

SOA # 2025 - 677213

CASE # 49101

Summary of Charges

Name	: **PLANAS, BERNARD MANGILAYA**			Age/ Sex	: **31Y2M1D/Male**
P.I.N.	: **462052**			Birth Date	: **7/29/1994**
Attending Phys.	: **ALWEN MENDOZA ARONG**			Room No./Rate	: **MS/1,250.00**
Date Adm.	: **9/25/2025**	Date Disch.	:	Billing Date/Time	: **9/30/2025 11:48 AM**
Time Adm.	: **11:45 PM**	Time Disch.	:	Room Type	: **WARD**
Charge to:	: **MEDICARD PHILIPPINES INC.**			PHIC Type	: **SSS - Member**
Res. Address	: **SITIO PARAY, KASAMBAGAN, CEBU CITY (CAPITAL), CEBU**			Case Type	: **PRIVATE**
Final Diagnosis	: **FRACTURE, CLOSED, COMPLETE, DISPLACED, COMMINUTED, CLAVICLE, RIGHT SECONDARY TO MOTOR VEHICULAR ACCIDENT ESSENTIAL HYPERTENSION**			First Case Rate Second Case Rate	: **23515** :

PARTICULARS	ACTUAL CHARGES	AMOUNT OF DISCOUNTS SENIOR CITIZEN/ PWD	Place ☒ ☐PCSO ☐DSWD ☐DOH (MAP) ☒HMO ☐Others:	OTHER DISCOUNT	PHIC BENEFITS	EXCESS
HOSPITAL CHARGES						
ROOM AND BOARD 5.00 DAY(S) @ 1250.00	6,250.00					
MEDICINES	29,468.03					
CARDIOVASCULAR DIAGNOSTIC UNIT	926.10					
CT-SCAN	15,435.00					
LABORATORY	8,028.54					
XRAY	7,654.56					
PROCEDURE	6,300.00					
MEDICAL SUPPLIES	41,311.47					
CSSD	1,500.00					
DIETARY	154.27					
OTH PROCEDURE	3,764.00					
OTHER FEES	24,423.00					
OXYGEN	118.00					
Total HB:	**145,332.97**	**0.00**	**110,000.00**	**0.00**	**10,530.00**	**24,802.97**

BIZBOX VER.8

PROFESSIONAL FEE

DR. ARONG, ALWEN MENDOZA	63,692.20				6,192.20	57,500.00
DR. RUBILLOS, GLECEIL MAE MONGHIT	32,192.00				3,442.00	28,750.00
DR. OPORTO, GILBERT CENIZA	3,875.00				1,375.00	2,500.00
DR. UY, MERCI ANGELIE LETIGIO	1,375.00				1,375.00	
DR. DUMAGUIN, KRIS RAY ARCELO	4,775.00				1,375.00	3,400.00
Total PF:	**105,909.20**	**0.00**	**0.00**	**0.00**	**13,759.20**	**92,150.00**
Total HB & PF:	**251,242.17**	**0.00**	**110,000.00**	**0.00**	**24,289.20**	**116,952.97**

GUARANTEED AMOUNT

	Hospital Bill	Professional Fee	Total Amount
MEDICARD PHILIPPINES INC.	110,000.00		110,000.00
		Total Guaranteed Amount:	**110,000.00**

BALANCE DUE: 116,952.97

Remarks:

Prepared by:

DUMANIG, ALBERTO PRESCILLAS JR

BILLING CLERK

Date Printed: 9/30/2025

Time Printed: 11:54 AM

BIZBOX VER.8

Received by:

Member/Patient/Authorized representative
(Signature over printed name)

Relationship to member of authorized rep. _____

Date Signed: _____ Contact No. : _____

Certified Correct By:

UNIVERSITY OF CEBU MEDICAL CENTER, INC.
Ouano Avenue, City South Special Economic Administrative Zone, Guizo, Mandaue City
Tel. No. (032) 517.0888 | Fax No. (032) 520.3806
VAT REG. TIN 434-441-310-00000

INVOICE

No. 0207464

Date 9/30/2025

Received from PLANAS, BERNARD MANGILAYA

Address SITIO PARAY, KASAMBAGAN, CEBU CITY (CAPI

Room No.

Adm. No.

TIN 462052

The sum of PESOS One Hundred Sixteen Thousand Nine Hundred Fifty-Two and 97/100 only (P)

In payment of the following described hereon:

QUANTITY	PARTICULARS	UNIT PRICE	AMOUNT

VATABLE SALES
VAT-EXEMPT SALES
ZERO-RATED SALES
VAT AMOUNT

TOTAL SALES (VAT-INCL) 116,952.97
LESS: VAT
AMOUNT NET OF VAT
LESS: SC/SP/NAAC MOV/PWD DISCOUNT

AMOUNT DUE
ADD: VAT

SC/SP/NAAC/MOV/PWD ID No.

Cardholder's Signature

TOTAL AMOUNT DUE 116,952.97

Mode of Payment
Cash

Amount Tendered
Change Due

NORMANDIA, LIZEL LAURON
Cashier

BIR ATP OCN 123AU20250000001730 DATED 05/07/25 2-PLY 40M SN 0170001-0210000 | PTU LOOSE LEAF NO. 05-2024-123-002 DATED 05/13/24 | PARADIGM DIVERSIFIED RESOURCES INC., MANDAUE CITY VAT REG. TIN 004-270-370-000 | PRINTER'S ACCRED. NO. 080MP20240000000007 DATED 01/18/24

SURGTECH MEDICAL SUPPLIES, INC.

2nd Flr., A & D Building B. Rodriguez St. Capitol Site, Cebu City
Tel. No.:(032) 416-3765

No 0010315

ACKNOWLEDGEMENT RECEIPT

Date SEPT. 27, 2025

Received from BERNARD PLANAS

Address SITIO PARAY COLINA COMPD., KASAMBAGAN, CEBU CITY

Buss. Style MEDICAL IMPLANTS the sum of pesos FORTY FIVE THOUSAND NINE HUNRED TWENTY PESOS ONLY (Php 45,920.00)

In full/partial payment for CLAVICULAR LOCKING PLATE WITH SCREWS

In Settlement of the following	
Particulars	Amount
Cash	45,920.00
TOTAL P	45,920.00

Check No.: _____

Bank Name: _____

- Carla Kyle L. Planas
- Wife
- 09925725889

By: _____
Authorized Signature

UNIVERSITY OF CEBU MEDICAL CENTER, INC.
OUANO AVENUE, CITY SOUTH SPECIAL, ECONOMIC ADMINISTRATIVE ZONE,
GUIZO, MANDAUE CITY, CEBU 6014
VAT REG. TIN: 43444131000000

Statement of Account

SOA # 2025 - 677213

CASE # 49101

Summary of Charges

Name	: **PLANAS, BERNARD MANGILAYA**			Age/ Sex	: **31Y2M1D/Male**
P.I.N.	: **462052**			Birth Date	: **7/29/1994**
Attending Phys.	: **ALWEN MENDOZA ARONG**			Room No./Rate	: **MS/1,250.00**
Date Adm.	: **9/25/2025**	Date Disch.	:	Billing Date/Time	: **9/30/2025 11:48 AM**
Time Adm.	: **11:45 PM**	Time Disch.	:	Room Type	: **WARD**
Charge to:	: **MEDICARD PHILIPPINES INC.**			PHIC Type	: **SSS - Member**
Res. Address	: **SITIO PARAY, KASAMBAGAN, CEBU CITY (CAPITAL), CEBU**			Case Type	: **PRIVATE**
Final Diagnosis	: **FRACTURE, CLOSED, COMPLETE, DISPLACED, COMMINUTED, CLAVICLE, RIGHT SECONDARY TO MOTOR VEHICULAR ACCIDENT ESSENTIAL HYPERTENSION**			First Case Rate Second Case Rate	: **23515** :

PARTICULARS	ACTUAL CHARGES	AMOUNT OF DISCOUNTS SENIOR CITIZEN/ PWD	Place ☒ ☐PCSO ☐DSWD ☐DOH (MAP) ☒HMO ☐Others:	OTHER DISCOUNT	PHIC BENEFITS	EXCESS
HOSPITAL CHARGES						
ROOM AND BOARD 5.00 DAY(S) @ 1250.00	6,250.00					
MEDICINES	29,468.03					
CARDIOVASCULAR DIAGNOSTIC UNIT	926.10					
CT-SCAN	15,435.00					
LABORATORY	8,028.54					
XRAY	7,654.56					
PROCEDURE	6,300.00					
MEDICAL SUPPLIES	41,311.47					
CSSD	1,500.00					
DIETARY	154.27					
OTH PROCEDURE	3,764.00					
OTHER FEES	24,423.00					
OXYGEN	118.00					
Total HB:	**145,332.97**	**0.00**	**110,000.00**	**0.00**	**10,530.00**	**24,802.97**

ESSIONAL FEE

ARONG, ALWEN MENDOZA	63,692.20				6,192.20	57,500.00
DR. RUBILLOS, GLECEIL MAE MONGHIT	32,192.00				3,442.00	28,750.00
DR. OPORTO, GILBERT CENIZA	3,875.00				1,375.00	2,500.00
DR. UY, MERCI ANGELIE LETIGIO	1,375.00				1,375.00	
DR. DUMAGUIN, KRIS RAY ARCELO	4,775.00				1,375.00	3,400.00
Total PF:	**105,909.20**	**0.00**	**0.00**	**0.00**	**13,759.20**	**92,150.00**
Total HB & PF:	**251,242.17**	**0.00**	**110,000.00**	**0.00**	**24,289.20**	**116,952.97**

GUARANTEED AMOUNT	**Hospital Bill**	**Professional Fee**	**Total Amount**
MEDICARD PHILIPPINES INC.	110,000.00		110,000.00
		Total Guaranteed Amount:	**110,000.00**

BALANCE DUE: **116,952.97**

Remarks:

Prepared by:

DUMANIG, ALBERTO PRESCILLAS JR

BILLING CLERK

Date Printed: 9/30/2025

Time Printed: 11:46 AM

BIZBOX VER.8

Received by:

Member/Patient/Authorized representative
(Signature over printed name)

Relationship to member of authorized rep. _____

Date Signed: _____ Contact No. : _____

Certified Correct By:

UNIVERSITY OF CEBU MEDICAL CENTER, INC.
OUANO AVENUE, CITY SOUTH SPECIAL, ECONOMIC ADMINISTRATIVE ZONE,
GUIZO, MANDAUE CITY, CEBU 6014
VAT REG. TIN: 43444131000000

Statement of Account

SOA # 2025 - 677213

CASE # 49101

Details of Charges

Pat. Id.:	**462052** Age: **31Y2M1D**	Room No.:	**MS - 1**
Patient Name:	**PLANAS, BERNARD MANGILAYA**	Room Rate:	**1,250.00**
Hosp.Plan:	**Insurance/HMO**	Admission Date:	**9/25/2025 11:45 PM**
Attending Phys.:	**ALWEN MENDOZA ARONG**	Discharge Date:	
Patient Address:	**SITIO PARAY, KASAMBAGAN, CEBU CITY (CAPITAL), CEBU**	Billing Date:	**9/30/2025 11:48 AM**
		PHIC:	**SSS - Member**
Guarantor:	**MEDICARD PHILIPPINES INC.**	Patient Type:	**Inpatient Case**
		Case Type:	**PRIVATE**

Date	Ref #	Doc No	OR No	Description	Qty	Price	Total Price
Room Charge							
9/25/2025	**WARD**			MS - 1	1.00	1,250.00	1,250.00
9/26/2025	**WARD**			MS - 1	1.00	1,250.00	1,250.00
9/27/2025	**WARD**			MS - 1	1.00	1,250.00	1,250.00
9/28/2025	**WARD**			MS - 1	1.00	1,250.00	1,250.00
9/29/2025	**WARD**			MS - 1	1.00	1,250.00	1,250.00
						Total Room Charge >>>	**6,250.00**
Charged Items							
ADMITTING							
Medical Supplies							
9/26/2025 8:21 AM	1454056 4	CH 40666		ADMISSION KIT	1.00	265.00	265.00
							265.00
						Sub Total For ADMITTING >>>	**265.00**
CARDIOVASCULAR DIAGNOSTIC UNIT							
Heart Station and Stress Laboratory							
9/26/2025 3:04 PM	1454584 4	CH 44525		ECG	1.00	926.10	926.10
							926.10
						Sub Total For CARDIOVASCULAR DIAGNOSTIC UNIT >>>	**926.10**

CSR

Medical Supplies

9/26/2025 3:25 PM	14546038	CH 275099	INDOPLAS DISP. SYRINGE 10CC	8.00	8.00	64.00
9/26/2025 3:25 PM	14546038	CH 275099	INDOPLAS DISP. SYRINGE (TUBERCULIN) 1CC	2.00	8.12	16.24
9/26/2025 3:25 PM	14546038	CH 275099	NEBULIZING SET-FULL KIT (ADULT)	1.00	132.05	132.05
9/26/2025 3:25 PM	14546038	CH 275099	PATIENTS GOWN WHITE ADULT (LARGE)	1.00	431.00	431.00
9/26/2025 3:25 PM	14546038	CH 275099	Q-SYTE CLOSED LUER ACCESS (BD)	1.00	155.49	155.49
9/26/2025 3:25 PM	14546038	CH 275099	TRANSPORE TAPE (3M) 1" X 10YD	1.00	119.39	119.39
9/26/2025 3:25 PM	14546038	CH 275099	URINAL MALE	1.00	74.40	74.40
9/26/2025 3:25 PM	14546038	CH 275099	VENFLON PRO SAFETY (BD) G-20	3.00	235.04	705.12
9/26/2025 3:25 PM	14546038	CH 275099	POSIFLUSH 10ML	2.00	96.00	192.00
9/26/2025 3:25 PM	14546038	CH 275099	MACROSET NEEDLELESS (BD)	1.00	272.00	272.00
9/27/2025 8:10 AM	14550296	CH 275179	COTTON BALLS (STERILE) (PACK OF 5S)	2.00	8.00	16.00
9/27/2025 8:10 AM	14550296	CH 275179	FACE MASK EARLOOP (PIECE)	10.00	6.00	60.00
9/27/2025 8:10 AM	14550296	CH 275179	INDOPLAS DISP. SYRINGE 10CC	10.00	8.00	80.00
9/27/2025 8:10 AM	14550296	CH 275179	INDOPLAS DISP. SYRINGE 5CC	10.00	8.00	80.00
9/27/2025 8:10 AM	14550296	CH 275179	NITRILE GLOVES (MEDIUM)	20.00	7.00	140.00
9/27/2025 8:10 AM	14550296	CH 275179	ALCOHOL PAD	20.00	2.40	48.00
9/27/2025 10:18 PM	14560349	CH 275262	COTTON BALLS (STERILE) (PACK OF 5S)	3.00	8.00	24.00
9/27/2025 10:18 PM	14560349	CH 275262	INDOPLAS DISP. SYRINGE 10CC	10.00	8.00	80.00
9/27/2025 10:18 PM	14560349	CH 275262	INDOPLAS DISP. SYRINGE 3CC	5.00	8.00	40.00
9/27/2025 10:18 PM	14560349	CH 275262	INDOPLAS DISP. SYRINGE 5CC	5.00	8.00	40.00
9/27/2025 10:18 PM	14560349	CH 275262	TEGADERM (3M-1624W) 6CM X 7CM	1.00	58.51	58.51
9/27/2025 10:18 PM	14560349	CH 275262	VENFLON PRO SAFETY (BD) G-20	1.00	235.04	235.04
9/27/2025 10:18 PM	14560349	CH 275262	VENFLON PRO SAFETY (BD) G-22	1.00	239.44	239.44
9/27/2025 10:18 PM	14560349	CH 275262	ALCOHOL PAD	10.00	2.40	24.00
9/28/2025 1:13 AM	14560621	CH 275281	OPSITE POST OP 15.CMX8.5CM	2.00	360.00	720.00
9/28/2025 1:13 AM	14560621	CH 275281	POVIDONE IODINE SWABSTICKS 3` (WECARE)	3.00	60.13	180.39
9/28/2025 1:13 AM	14560621	CH 275281	STERILE GAUZE (AEVACARE) 4X4X5'S	3.00	19.60	58.80

						4,285.87
					Sub Total For CSR >>>	**4,285.87**

CT-SCAN

CT Scan

9/26/2025 2:39 AM	14539551	CH 11073	HEAD/BRAIN	1.00	6,615.00	6,615.00
9/26/2025 12:46 PM	14543616	CA 12796	SHOULDER (CT)	1.00	8,820.00	8,820.00
9/26/2025 3:07 PM	14545842	CH 11076	SHOULDER (CT)	1.00	8,820.00	8,820.00
						24,255.00
					Sub Total For CT-SCAN >>>	**24,255.00**

DIETARY DEPT

Dietary

9/27/2025 5:10 AM	14549846	CH 101421	NUTREN OPTIMUM PER CALORIE	107.13	0.72	77.13
9/28/2025 5:33 AM	14560865	CH 101482	NUTREN OPTIMUM PER CALORIE	107.13	0.72	77.13
						154.27
					Sub Total For DIETARY DEPT >>>	**154.27**

EMERGENCY SECTION

Medical Supplies

9/26/2025 2:53 AM	14539567	CH 139594	HOT AND COLD PACK 4X10	2.00	231.81	463.62
9/26/2025 2:53 AM	14539567	CH 139594	IV INSERTION KIT (ADULT; G18)	1.00	1,065.00	1,065.00
9/26/2025 3:28 AM	14539611	CH 139597	VENFLON PRO SAFETY (BD) G-20	2.00	235.04	470.08
9/26/2025 4:38 AM	14539681	CH 139600	FACE MASK EARLOOP (PIECE)	3.00	6.00	18.00
9/26/2025 4:38 AM	14539681	CH 139600	NITRILE GLOVES (MEDIUM)	10.00	7.00	70.00
9/26/2025 4:38 AM	14539681	CH 139600	VENFLON PRO SAFETY (BD) G-20	1.00	235.04	235.04
9/26/2025 4:38 AM	14539681	CH 139600	ALCOHOL PAD	8.00	2.40	19.20
						2,340.94

Other Fees

9/25/2025 11:47 PM	14539269	CH 139568	EMERGENCY ROOM FEE (1ST 2 HOURS)	1.00	900.00	900.00
						900.00
					Sub Total For EMERGENCY SECTION >>>	**3,240.94**

LABORATORY

Laboratory Examination

9/26/2025 3:28 PM	14545854	CH 255614	BLOOD TYPING	1.00	378.00	378.00
9/26/2025 3:28 PM	14545854	CH 255614	HBSAG (QUALITATIVE)	1.00	795.55	795.55
9/26/2025 3:28 PM	14545854	CH 255614	CREATININE	1.00	586.09	586.09
9/26/2025 3:28 PM	14545854	CH 255614	POTASSIUM	1.00	934.04	934.04
9/26/2025 3:28 PM	14545854	CH 255614	SODIUM	1.00	934.04	934.04
9/26/2025 3:28 PM	14545854	CH 255614	COMPLETE BLOOD COUNT (CBC)	1.00	420.00	420.00
9/26/2025 3:28 PM	14545854	CH 255614	PARTIAL THROMBOPLASTIN TIME, ACTIVATED	1.00	1,280.93	1,280.93
9/26/2025 3:28 PM	14545854	CH 255614	PROTHROMBIN TIME	1.00	790.80	790.80
9/26/2025 3:29 PM	14545995	CH 255616	ALT/SGPT	1.00	588.74	588.74
9/26/2025 3:29 PM	14545995	CH 255616	HBA1C	1.00	1,320.35	1,320.35
						8,028.54
				Sub Total For LABORATORY >>>		**8,028.54**

NS6 B

Other Fees

9/29/2025 8:36 AM	14568015	CH 20944	MEDICAL CERTIFICATE 10.1.25	2.00	60.00	120.00
9/29/2025 8:36 AM	14568015	CH 20944	PHOTOCOPY	5.00	2.00	10.00
						130.00
				Sub Total For NS6 B >>>		**130.00**

OPERATING ROOM

CSSD

9/28/2025 7:43 AM	14561288	CH 56166	IPD MAJOR SET (CSSD)	1.00	1,500.00	1,500.00
						1,500.00

Medical Supplies

9/28/2025 12:40 AM	14560587	CH 56164	MACROSET NEEDLELESS (BD)	1.00	272.00	272.00
9/28/2025 7:43 AM	14561288	CH 56166	ADULT DIAPER (CARESS) XL	1.00	49.26	49.26
9/28/2025 7:43 AM	14561288	CH 56166	ANESTHESIA GAS SAMPLING LINE (PIECE)	1.00	1,057.28	1,057.28
9/28/2025 7:43 AM	14561288	CH 56166	ASEPTO SYRINGE (SIMPLEX) (PIECE)	1.00	84.00	84.00
9/28/2025 7:43 AM	14561288	CH 56166	BARRIER HIP SET	1.00	8,280.00	8,280.00
9/28/2025 7:43 AM	14561288	CH 56166	BARRIER SURGICAL GOWN (BLUE LINE) (LARGE)	2.00	767.98	1,535.96

9/28/2025 7:43 AM	1456128 8 CH 56166	BOUFFANT CAP ADULT (BLUE) 100S	10.00	3.40	34.00
9/28/2025 7:43 AM	1456128 8 CH 56166	CAUTERY PAD (ADULT)	1.00	929.35	929.35
9/28/2025 7:43 AM	1456128 8 CH 56166	CAUTERY PENCIL	1.00	957.16	957.16
9/28/2025 7:43 AM	1456128 8 CH 56166	COMPACT BREATHING CIRCUIT 2L (ADULT)	1.00	2,304.00	2,304.00
9/28/2025 7:43 AM	1456128 8 CH 56166	DISPOSABLE NEEDLE G-18	2.00	7.80	15.60
9/28/2025 7:43 AM	1456128 8 CH 56166	DISPOSABLE NEEDLE G-23	2.00	7.15	14.30
9/28/2025 7:43 AM	1456128 8 CH 56166	ELECTRODES (AMBU BLUE SENSOR) ADULT 25'S	3.00	80.00	240.00
9/28/2025 7:43 AM	1456128 8 CH 56166	ENDOTRACHEAL TUBE W/ CUFFED FR. 7.5	1.00	134.75	134.75
9/28/2025 7:43 AM	1456128 8 CH 56166	ETHIBOND EXCEL 2 (75CM) V-37 (MX69G)	1.00	3,081.74	3,081.74
9/28/2025 7:43 AM	1456128 8 CH 56166	FACE MASK EARLOOP (PIECE)	10.00	6.00	60.00
9/28/2025 7:43 AM	1456128 8 CH 56166	HONEYCOMB ELASTIC BANDAGE 4"	2.00	113.23	226.46
9/28/2025 7:43 AM	1456128 8 CH 56166	HONEYCOMB ELASTIC BANDAGE 6"	1.00	146.64	146.64
9/28/2025 7:43 AM	1456128 8 CH 56166	KIDNEY BASIN	1.00	26.80	26.80
9/28/2025 7:43 AM	1456128 8 CH 56166	LEUKOPLAST 5.0CM X 5M	1.00	638.77	638.77
9/28/2025 7:43 AM	1456128 8 CH 56166	MEDELA DISPOSABLE FLUID COLLECTION SYSTEM WITHOUT SOLIDIFIER	1.00	655.79	655.79
9/28/2025 7:43 AM	1456128 8 CH 56166	MONOCRYL PLUS UNDYED 4-O PS-2 70CM (MCP426H)	1.00	1,027.13	1,027.13
9/28/2025 7:43 AM	1456128 8 CH 56166	NASAL OXYGEN CANNULA WHITE (ADULT)	1.00	96.91	96.91
9/28/2025 7:43 AM	1456128 8 CH 56166	NITRILE GLOVES (MEDIUM)	100.00	7.00	700.00
9/28/2025 7:43 AM	1456128 8 CH 56166	OPSITE POST OP 15.CMX8.5CM	4.00	359.23	1,436.92
9/28/2025 7:43 AM	1456128 8 CH 56166	ORAL AIRWAY #2 (GREEN)	1.00	76.80	76.80
9/28/2025 7:43 AM	1456128 8 CH 56166	ORTHOPAEDIC STERILE GLOVES SIZE 7.0	1.00	170.00	170.00
9/28/2025 7:43 AM	1456128 8 CH 56166	ORTHOPAEDIC STERILE GLOVES SIZE 7.5	1.00	170.00	170.00
9/28/2025 7:43 AM	1456128 8 CH 56166	ORTHOPAEDIC STERILE GLOVES SIZE 8.0	1.00	170.00	170.00
9/28/2025 7:43 AM	1456128 8 CH 56166	OXYGEN MASK WITH RESERVOIR (ADULT) (PIECE)	1.00	370.35	370.35
9/28/2025 7:43 AM	1456128 8 CH 56166	PAPER TOWEL 24GSM	1.00	45.73	45.73
9/28/2025 7:43 AM	1456128 8 CH 56166	POVIDONE IODINE SWABSTICKS 3` (WECARE)	3.00	60.13	180.39
9/28/2025 7:43 AM	1456128 8 CH 56166	GAUZE SWAB WITH RADIO OPAQUE (ROSEMED) 4X8X16PLY 10'S	2.00	168.00	336.00
9/28/2025 7:43 AM	1456128 8 CH 56166	LUBRICATING JELLY (KY JELLY SACHET) 5GMS	3.00	24.00	72.00

9/28/2025 7:43 AM	1456128 8 CH 56166	SKIN MARKER DUAL TIP	1.00	391.50	391.50
9/28/2025 7:43 AM	1456128 8 CH 56166	STERILE GLOVES SIZE 6.5	3.00	104.00	312.00
9/28/2025 7:43 AM	1456128 8 CH 56166	STERILE GLOVES SIZE 7.0	2.00	104.00	208.00
9/28/2025 7:43 AM	1456128 8 CH 56166	STERILE GLOVES SIZE 7.5	3.00	104.00	312.00
9/28/2025 7:43 AM	1456128 8 CH 56166	STERILE GLOVES SIZE 8.0	1.00	104.00	104.00
9/28/2025 7:43 AM	1456128 8 CH 56166	SUCTION CATHETER FR.14 GREEN	1.00	152.36	152.36
9/28/2025 7:43 AM	1456128 8 CH 56166	SUCTION CONNECTING TUBE (YANKAUER) CARDINAL HEALTH	2.00	431.99	863.98
9/28/2025 7:43 AM	1456128 8 CH 56166	SUCTION CONNECTING TUBE UNIVERSAL FIT (CARDINAL HEALTH)	2.00	272.00	544.00
9/28/2025 7:43 AM	1456128 8 CH 56166	SURGICAL BLADE (FEATHER) #10	2.00	30.40	60.80
9/28/2025 7:43 AM	1456128 8 CH 56166	SURGICAL BLADE (FEATHER) #15	1.00	30.40	30.40
9/28/2025 7:43 AM	1456128 8 CH 56166	TERUMO DISP. SYR. (TUBERCULIN) 1ML	3.00	24.00	72.00
9/28/2025 7:43 AM	1456128 8 CH 56166	TERUMO DISP. SYR. 10ML	5.00	24.00	120.00
9/28/2025 7:43 AM	1456128 8 CH 56166	TERUMO DISP. SYR. 3ML	5.00	20.00	100.00
9/28/2025 7:43 AM	1456128 8 CH 56166	TERUMO DISP. SYR. 5ML	5.00	21.90	109.50
9/28/2025 7:43 AM	1456128 8 CH 56166	TRANSPORE TAPE (3M) 1" X 10YD	1.00	119.39	119.39
9/28/2025 7:43 AM	1456128 8 CH 56166	TWINSITE (VENOTUBE)	1.00	285.91	285.91
9/28/2025 7:43 AM	1456128 8 CH 56166	UNDERPAD 70X180 (BLUE)	4.00	112.00	448.00
9/28/2025 7:43 AM	1456128 8 CH 56166	VICRYL PLUS 0 CT 90CM (VCP358H)	1.00	664.27	664.27
9/28/2025 7:43 AM	1456128 8 CH 56166	VICRYL PLUS 1 CT 90CM (VCP359H)	2.00	836.33	1,672.66
9/28/2025 7:43 AM	1456128 8 CH 56166	VICRYL PLUS 2-0 SH 70CM (VCP317H)	2.00	783.51	1,567.02
9/28/2025 7:43 AM	1456128 8 CH 56166	WADDING SHEET 6X5YD	1.00	96.18	96.18
9/28/2025 7:43 AM	1456128 8 CH 56166	SURGICAL SCRUB BRUSH (POVIDONE IODINE)	4.00	126.65	506.60
9/28/2025 7:43 AM	1456128 8 CH 56166	STERILE GAUZE (AEVACARE) 4X4X5'S	18.00	19.60	352.80
9/28/2025 7:43 AM	1456128 8 CH 56166	STERILE DISPOSABLE STANDARD SURGICAL GOWN LARGE (SAFESHIELD)	1.00	736.00	736.00
					35,425.46

Medicines

9/28/2025 12:40 AM	1456058 7 CH 56164	CEFUROXIME (PROFUREX) 750MG VIAL (PIECE)	1.00	490.67	490.67
9/28/2025 12:40 AM	1456058 7 CH 56164	FLUIDS PLAIN LRS (ANB) 1000ML (PIECE)	1.00	144.50	144.50
9/28/2025 12:40 AM	1456058 7 CH 56164	KETOROLAC (KORTEZOR) 30MG/ML AMP (PIECE)	1.00	134.77	134.77

9/28/2025 12:40 AM	14560587 CH 56164	ONDANSETRON (ONZET)** 2MG/ML 4ML (8MG) AMPULE	1.00	775.32	775.32
9/28/2025 12:40 AM	14560587 CH 56164	TRAMADOL (SIVEROL) 100MG/2ML AMPULE (PIECE)	1.00	230.57	230.57
9/28/2025 12:40 AM	14560587 CH 56164	OXYCODONE (OXYMARC) 10MG/ML 2ML (20MG) AMPULE	1.00	1,284.96	1,284.96
9/28/2025 12:40 AM	14560587 CH 56164	PARACETAMOL (PARACENT) 10MG/ML 100ML	1.00	767.00	767.00
9/28/2025 7:43 AM	14561288 CH 56166	CEFUROXIME (PROFUREX) 750MG VIAL (PIECE)	1.00	490.67	490.67
9/28/2025 7:43 AM	14561288 CH 56166	EPHEDRINE 50MG/1ML 1ML AMPULE (PIECE)	1.00	340.80	340.80
9/28/2025 7:43 AM	14561288 CH 56166	FENTANYL CITRATE (SUBLIMAZE) 50MCG/ML 2ML (100MCG) AMP (PIECE)	2.00	195.68	391.36
9/28/2025 7:43 AM	14561288 CH 56166	DEXAMETHASONE (DEXAMET)** 5MG/ML AMP (PIECE)	1.00	155.97	155.97
9/28/2025 7:43 AM	14561288 CH 56166	FLUIDS PLAIN LRS (ANB) 1000ML (PIECE)	1.00	144.50	144.50
9/28/2025 7:43 AM	14561288 CH 56166	FLUIDS STERILE WATER FOR IRRIGATION (ANB) 1000ML (PIECE)	1.00	153.00	153.00
9/28/2025 7:43 AM	14561288 CH 56166	KETOROLAC (KORTEZOR) 30MG/ML AMP (PIECE)	1.00	134.77	134.77
9/28/2025 7:43 AM	14561288 CH 56166	ONDANSETRON (ONZET)** 2MG/ML 4ML (8MG) AMPULE	1.00	775.32	775.32
9/28/2025 7:43 AM	14561288 CH 56166	ROCURONIUM BROMIDE (ESMERON) 10MG/ML 5ML VIAL (PIECE)	1.00	617.50	617.50
9/28/2025 7:43 AM	14561288 CH 56166	SOLN PLAIN NSS (EURO) 50ML VIAL (PIECE)	2.00	86.52	173.04
9/28/2025 7:43 AM	14561288 CH 56166	SUGAMMADEX (BRIDION) 100MG/ML (200MG) VIAL (PIECE)	1.00	7,941.57	7,941.57
9/28/2025 7:43 AM	14561288 CH 56166	TRAMADOL (SIVEROL) 100MG/2ML AMPULE (PIECE)	1.00	230.57	230.57
9/28/2025 7:43 AM	14561288 CH 56166	TRANEXAMIC ACID (HEMOSTAN) 500MG/5ML AMP (PIECE)	2.00	415.74	831.48
9/28/2025 7:43 AM	14561288 CH 56166	PROPOFOL** (PROFOCENT) 10MG/ML 20ML	1.00	946.40	946.40
9/28/2025 7:43 AM	14561288 CH 56166	MIDAZOLAM (DORMIZIN)** 5MG/ML 1ML (5MG) AMPULE	1.00	460.80	460.80
9/28/2025 7:43 AM	14561288 CH 56166	ATROPINE SULFATE (ATREX) 1MG/ML AMP	1.00	214.50	214.50
9/28/2025 7:43 AM	14561288 CH 56166	PARACETAMOL (PARACENT) 10MG/ML 100ML	1.00	767.00	767.00
9/28/2025 7:43 AM	14561288 CH 56166	SOLN STERILE WATER FOR INJECTION 100ML	1.00	162.50	162.50
					18,759.54
Non-PNF Medicines					
9/28/2025 7:43 AM	14561288 CH 56166	FLUIDS PLAIN NSS FOR IRRIGATION CAPSCREW (ANB) 1000ML (PIECE)	3.00	153.00	459.00
					459.00
Other Fees					
9/28/2025 7:43 AM	14561288 CH 56166	SUCTION MACHINE PER USE	1.00	100.00	100.00
9/28/2025 7:43 AM	14561288 CH 56166	ANESTHESIA MACHINE PER USE	1.00	2,150.00	2,150.00

9/28/2025 7:43 AM	1456128 8	CH 56166	CARDIAC MONITOR FIRST 3 HOURS	1.00	1,500.00	1,500.00
9/28/2025 7:43 AM	1456128 8	CH 56166	CUTASEPT PER 10CC	50.00	26.50	1,325.00
9/28/2025 7:43 AM	1456128 8	CH 56166	CONMED CRANIOTOME DRILL SET - USE	1.00	10,000.00	10,000.00
9/28/2025 7:43 AM	1456128 8	CH 56166	USE OF 3D C-ARM PER HOUR	1.00	2,500.00	2,500.00
9/28/2025 7:43 AM	1456128 8	CH 56166	SEVORANE PER CC	90.00	131.00	11,790.00
9/28/2025 7:43 AM	1456128 8	CH 56166	1 SET CHERRY BALLS PACK (5`S)- OR	2.00	34.00	68.00
9/28/2025 7:43 AM	1456128 8	CH 56166	CAUTERY MACHINE (FT10) - 1ST 2 HOURS	1.00	1,800.00	1,800.00
						31,233.00
Oxygen						
9/28/2025 7:43 AM	1456128 8	CH 56166	OXYGEN - NASAL CANNULA (2 Liters - FiO2 28)	1.00	62.00	62.00
						62.00
Procedure						
9/28/2025 12:24 AM	1456055 8	CH 56163	OPEN REDUCTION CLAVICLE	1.00	6,300.00	6,300.00
9/28/2025 7:43 AM	1456128 8	CH 56166	SKIN PREP	1.00	264.00	264.00
9/29/2025 12:24 PM	1457089 5	CH 56189	POWER DRILL FOR ORTHO	1.00	3,500.00	3,500.00
						10,064.00
				Sub Total For OPERATING ROOM >>>		**97,503.00**
PACU						
Medical Supplies						
9/28/2025 12:19 AM	1456055 5	CH 9333	BD DISPOSABLE SYRINGE 10ML	2.00	24.50	49.00
9/28/2025 12:19 AM	1456055 5	CH 9333	ELECTRODES (AMBU BLUE SENSOR) ADULT 25'S	2.00	80.00	160.00
9/28/2025 12:19 AM	1456055 5	CH 9333	FACE MASK EARLOOP (PIECE)	3.00	6.00	18.00
9/28/2025 12:19 AM	1456055 5	CH 9333	NITRILE GLOVES (SMALL)	10.00	5.60	56.00
						283.00
Medicines						
9/28/2025 12:19 AM	1456055 5	CH 9333	SOLN PLAIN NSS (EURO) 50ML VIAL (PIECE)	1.00	86.52	86.52
						86.52
Other Fees						
9/28/2025 12:19 AM	1456055 5	CH 9333	CARDIAC MONITOR FIRST 3 HOURS	1.00	1,500.00	1,500.00
9/28/2025 12:19 AM	1456055 5	CH 9333	HUMIDIFIER / AQUA PACK PER USE	1.00	160.00	160.00
9/28/2025 12:19 AM	1456055 5	CH 9333	PACU FEE FIRST 2 HOURS	1.00	500.00	500.00

						2,160.00
Oxygen						
9/28/2025 12:19 AM	14560555	CH 9333	OXYGEN - NASAL CANNULA (2 LITERS/MIN)	1.00	56.00	56.00
						56.00
				Sub Total For PACU >>>		2,585.52

PHARMACY

Medicines

9/26/2025 3:01 AM	14539547	CH 449906	TRAMADOL (SIVEROL) 50MG/ML (1ML) AMP (PIECE)	1.00	156.09	156.09
9/26/2025 7:57 AM	14540220	CH 449925	HUMAN TETANUS IG (SERO-TET) 250 IU/ML 1ML VIAL (PIECE)	1.00	1,495.00	1,495.00
9/26/2025 7:57 AM	14540220	CH 449925	TETANUS TOXOID (BETT) 0.5ML AMP (PIECE)	1.00	115.00	115.00
9/26/2025 3:35 PM	14546039	CH 450014	CEFUROXIME (PROFUREX) 750MG VIAL (PIECE)	2.00	490.67	981.34
9/26/2025 3:35 PM	14546039	CH 450014	FLUIDS PLAIN NSS (ANB) 1000ML (PIECE)	2.00	144.50	289.00
9/26/2025 3:35 PM	14546039	CH 450014	IPRATROPIUM + SALBUTAMOL (DUAVENT) 500MCG/2.5MG/ML 2.5ML NEB (PIECE)	2.00	54.34	108.68
9/26/2025 3:35 PM	14546039	CH 450014	OMEPRAZOLE (ZEFXON) 40MG VIAL (PIECE)	1.00	800.44	800.44
9/26/2025 3:35 PM	14546039	CH 450014	SOLN PLAIN NSS (EURO) 50ML VIAL (PIECE)	1.00	86.52	86.52
9/28/2025 1:51 AM	14560617	CH 450357	CEFUROXIME (CEFUREX) 500MG TAB (PIECE)	4.00	77.81	311.24
9/28/2025 1:51 AM	14560617	CH 450357	CEFUROXIME (PROFUREX) 750MG VIAL (PIECE)	2.00	490.67	981.34
9/28/2025 1:51 AM	14560617	CH 450357	CELECOXIB (CELCOXX) 200MG CAP (PIECE)	4.00	43.73	174.92
9/28/2025 1:51 AM	14560617	CH 450357	FLUIDS PLAIN LRS (ANB) 1000ML (PIECE)	3.00	144.50	433.50
9/28/2025 1:51 AM	14560617	CH 450357	KETOROLAC (KORTEZOR) 30MG/ML AMP (PIECE)	2.00	134.77	269.54
9/28/2025 1:51 AM	14560617	CH 450357	ONDANSETRON (ONZET)** 2MG/ML 4ML (8MG) AMPULE	2.00	775.32	1,550.64
9/28/2025 1:51 AM	14560617	CH 450357	SOLN PLAIN NSS (EURO) 50ML VIAL (PIECE)	4.00	86.52	346.08
9/28/2025 1:51 AM	14560617	CH 450357	TRAMADOL (SIVEROL) 100MG/2ML AMPULE (PIECE)	4.00	230.57	922.28
9/28/2025 1:51 AM	14560617	CH 450357	PARACETAMOL (PARACENT) 10MG/ML 100ML	3.00	767.00	2,301.00
						11,322.61

Non-PNF Medicines

9/26/2025 3:01 AM	14539547	CH 449906	PARECOXIB (DYNASTAT) 40MG VIAL (PIECE)	1.00	478.01	478.01
9/26/2025 4:32 PM	14546549	CH 450026	PARECOXIB (DYNASTAT) 40MG VIAL (PIECE)	4.00	478.01	1,912.04
9/27/2025 11:28 PM	14560482	CH 450345	PREGABALIN + METHYLCOBALAMIN (PREGMAX M-75) ** 75MG/750MCG CAP (PIECE)	2.00	39.67	79.34

9/28/2025 1:51 AM	14560617	CH 450357	TRAMADOL + PARACETAMOL (ALGESIA) 37.5MG/325MG TAB (PIECE)	6.00	70.15	420.90
9/28/2025 1:51 AM	14560617	CH 450357	PREGABALIN + METHYLCOBALAMIN (PREGMAX M-75) ** 75MG/750MCG CAP (PIECE)	4.00	39.67	158.68
						3,048.97
					Sub Total For PHARMACY >>>	**14,371.58**

XRAY

X-Ray

9/26/2025 12:52 AM	14539406	CH 59696	RIGHT CLAVICLE AP AND AXIAL	1.00	1,038.24	1,038.24
9/26/2025 12:52 AM	14539406	CH 59696	RIGHT LEG (TIBIA/FIBULA) AP AND LATERAL	1.00	1,453.54	1,453.54
9/26/2025 7:34 AM	14540219	CH 59699	CERVICAL SPINE AP, LATERAL AND OPEN-MOUTH	1.00	1,632.76	1,632.76
9/26/2025 7:34 AM	14540219	CH 59699	CHEST AP (BUCKY)	1.00	772.50	772.50
9/26/2025 7:34 AM	14540219	CH 59699	PELVIS AP	1.00	1,816.92	1,816.92
9/28/2025 12:34 AM	14560464	CH 59766	RIGHT SHOULDER AP	1.00	940.60	940.60
						7,654.56
					Sub Total For XRAY >>>	**7,654.56**
					Total >>>	**163,400.38**

Returned Items

CSR

Medical Supplies

9/29/2025 10:23 AM	14569307	CN 142931	INDOPLAS DISP. SYRINGE 10CC	-6.00	8.00	-48.00
9/29/2025 10:23 AM	14569307	CN 142931	INDOPLAS DISP. SYRINGE (TUBERCULIN) 1CC	-2.00	8.12	-16.24
9/29/2025 10:23 AM	14569309	CN 142932	INDOPLAS DISP. SYRINGE 5CC	-1.00	8.00	-8.00
9/29/2025 10:23 AM	14569307	CN 142931	VENFLON PRO SAFETY (BD) G-20	-3.00	235.04	-705.12
9/29/2025 10:23 AM	14569307	CN 142931	POSIFLUSH 10ML	-2.00	96.00	-192.00
9/29/2025 10:24 AM	14569320	CN 142933	INDOPLAS DISP. SYRINGE 3CC	-5.00	8.00	-40.00
9/29/2025 10:24 AM	14569320	CN 142933	INDOPLAS DISP. SYRINGE 5CC	-5.00	8.00	-40.00
9/29/2025 10:24 AM	14569320	CN 142933	VENFLON PRO SAFETY (BD) G-22	-1.00	239.44	-239.44
						-1,288.80
					Sub Total For CSR >>>	**-1,288.80**

CT-SCAN

CT Scan

9/26/2025 3:00 PM	14545804	CN 12797	SHOULDER (CT)	-1.00	8,820.00	-8,820.00
						-8,820.00
					Sub Total For CT-SCAN >>>	**-8,820.00**

OPERATING ROOM

Other Fees

9/29/2025 12:21 PM	14570880	CN 9507	CONMED CRANIOTOME DRILL SET - USE	-1.00	10,000.00	-10,000.00
						-10,000.00
					Sub Total For OPERATING ROOM >>>	**-10,000.00**

PHARMACY

Medicines

9/29/2025 10:52 AM	14569732	CN 659875	FLUIDS PLAIN NSS (ANB) 1000ML (PIECE)	-1.00	144.50	-144.50
9/29/2025 10:55 AM	14569799	CN 659884	CEFUROXIME (PROFUREX) 750MG VIAL (PIECE)	-1.00	490.67	-490.67
9/29/2025 10:55 AM	14569784	CN 659881	FLUIDS PLAIN LRS (ANB) 1000ML (PIECE)	-1.00	144.50	-144.50
9/29/2025 10:55 AM	14569799	CN 659884	ONDANSETRON (ONZET)** 2MG/ML 4ML (8MG) AMPULE	-2.00	775.32	-1,550.64
9/29/2025 10:55 AM	14569799	CN 659884	TRAMADOL (SIVEROL) 100MG/2ML AMPULE (PIECE)	-4.00	230.57	-922.28
						-3,252.59

Non-PNF Medicines

9/29/2025 10:54 AM	14569766	CN 659880	PARECOXIB (DYNASTAT) 40MG VIAL (PIECE)	-2.00	478.01	-956.02
						-956.02
					Sub Total For PHARMACY >>>	**-4,208.61**
					Total >>>	**-24,317.41**

Total Hospital Bill >>> 145,332.97

Profesional Fee

Doctor Name	Doctor Type	PF Amount	SC/PWD	PHIC	Discount	Total Amount
DR. UY, MERCI ANGELIE LETIGIO	Attending	1,375.00	0.00	1,375.00	0.00	**0.00**
DR. OPORTO, GILBERT CENIZA	Attending	3,875.00	0.00	1,375.00	0.00	**2,500.00**
DR. DUMAGUIN, KRIS RAY ARCELO	Attending	4,775.00	0.00	1,375.00	0.00	**3,400.00**
DR. RUBILLOS, GLECEIL MAE MONGHIT	Attending	32,192.00	0.00	3,442.00	0.00	**28,750.00**
DR. ARONG, ALWEN MENDOZA	Surgeon	63,692.20	0.00	6,192.20	0.00	**57,500.00**
					Total Professional Fee >>>	**92,150.00**

PhilHealth Deduction

	Hospital Bill	Professional Fee	Total Package

-10,530.00	-13,759.20	**-24,289.20**

Guaranteed Amount

Customer Name	Customer Type	Hospital Bill	Professional Fee	Total Amount
MEDICARD PHILIPPINES INC.	HMO	-110,000.00	0.00	-110,000.00
	Total Guaranteed Amount>>>	**-110,000.00**	**0.00**	**-110,000.00**

Outstanding Balance >>> 116,952.97

Prepared by:

DUMANIG, ALBERTO PRESCILLAS JR

Billing Clerk

UCMed
UNIVERSITY OF CEBU MEDICAL CENTER

Quano Avenue, City South Special Economic
Administrative Zone Brgy. Guizo, Mandaue City, Cebu
Contact No: 517 - 0888

RECORD OF OPERATION

SF-NSD-RO-026-00

Name:	Pionas, Bernard M.	**Age:** 31	**Sex:** MALE	**DOB:** 7/29/94
Attending Physician	DR. ARONG.	**Allergies:**	None	**MRN:** 462052
Impression:				**Room No:** MS-1

Preoperative Diagnosis: Fracture, closed, complete, displaced, comminuted, clavicle, right

Operation: Open reduction internal fixation, clavicle, right

Post-operation Diagnosis: -SAME-

Surgeon: DR. ARONG, A. 1st Assistant: DR. Christopher S. Sia, MD 2nd Assistant: DR. K. SAMSONAS Scrub Nurse: Johannah Ira Belayo, RN Lic. No. 1004279

Anesthesiologist: DR. Rubillos, G. Anesthetic: GA - ETT Quantity/Dose:

Anesthesia Started: 7:29 Ended: 10:10 Duration:

( ) AM (✓) PM ( ) AM (✓) PM ( ) Hrs ( ) Min

Intubation: 7:29 PM

Extubation: 10:20 PM

Operation Started: 8:17 Ended: 10:10 Duration:

( ) AM (✓) PM ( ) AM (✓) PM ( ) Hrs ( ) Min

Anesth RQS: N/A

RVS: 23515

EMMANUEL JEFFREY D. ABALLE, RN
LIC. NO. 0985778
Circulating Nurse

RUSSEL JUSTIN M. JAVIER
License No. 0991

TECHNIQUE OF OPERATION:

> patient positioned supine
> Ortho prep and drape
> Anterosuperior approach to clavicle
> dissection down to bone
> Nice knot
> 6-hole distal clavicular locking plate applied w/ screws
> final C-arm check
> irrigation
> closure
> end

REMARKS:

Surgeon: DR. ARONG, ALWEN M.
Date and Time: 09/27/25 9:45 pm

Anesthesiologist: DR. RUBILLOS, GLECEIL MAE M.
Date and Time: 09/27/25 8:02 PM

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

Ouano Avenue, City South Special Economic Administrative Zone,
Guizo, Mandaue City, Cebu 6014
Tel. No. (032) 517-0888
www.ucmed.ph

LABORATORY DEPARTMENT

Patient Name : **PLANAS, BERNARD MANGILAYA**
Age : 31Y Sex : MALE
Date of Birth : 07-29-1994 Room No. :MS
Source : NS6 B
Physician : JC., ORTHO

Hosp No. : 462052
Lab No. : 25082868
Date & Time Requested : September 26, 2025 15:28
Date & Time Performed : September 26, 2025 16:02
Date & Time Validated : September 26, 2025 16:07

HEMATOLOGY

TEST		RESULT	UNIT	REFERENCE RANGE
COMPLETE BLOOD COUNT				
WBC Count		8.26	X10^9/L	4.5 - 11.0
Differential Count				
Segmented Neutrophil		54	%	45 - 65
Lymphocytes		38	%	20 - 40
Monocytes		6	%	2 - 9
Eosinophil		2	%	0.0 - 6.0
Basophils		0	%	0.0 - 2.0
Total Diff		100		
RBC Count	H	**5.3**	X10^12/L	3.8 - 5.2
Hemoglobin		15.7	g/dL	14.0 - 17.0
Hematocrit		47.3	%	40.0 - 51.0
MCV		89.3	fL	70.0 - 90.0
MCH		29.6	pg	23.0 - 31.0
MCHC		33.2	g/dL	30.0 - 35.0
RDW-CV		12.6	%	11.0 - 16.0
Platelet Count		305	X10^9/L	150 - 450

This report is best interpreted by your attending Doctor together with your clinical and other ancillary findings.

Results are electronically validated and signed.

KEISHA NICOLE C. PINTACASI, RMT
PRC Lic. No. 89292
MEDICAL TECHNOLOGIST

CARMEL THERESE B. APAO-BLANCO, MD, DPSP
PRC# 130232
PATHOLOGIST

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

Ouano Avenue, City South Special Economic Administrative Zone,
Guizo, Mandaue City, Cebu 6014
Tel. No. (032) 517-0888
www.ucmed.ph

LABORATORY DEPARTMENT

Patient Name : **PLANAS, BERNARD MANGILAYA**
Age : 31Y
Sex : MALE
Date of Birth : 07-29-1994
Room No. :MS
Source : NS6 B
Physician : JC., ORTHO

Hosp No. : 462052
Lab No. : 25082868
Date & Time Requested : September 26, 2025 15:28
Date & Time Performed : September 26, 2025 16:02
Date & Time Validated : September 26, 2025 16:55

BLOOD BANK

TEST	RESULT	UNIT	REFERENCE RANGE
BLOOD TYPE	"A" Rh Positive		

This report is best interpreted by your attending Doctor together with your clinical and other ancillary findings.

Results are electronically validated and signed.

Performed by:

MICHAEL LIZTER P. CHAN, RMT
PRC Lic. No. 0107147
MEDICAL TECHNOLOGIST

Confirmed by:

GENEVA MOZO, RMT
MEDICAL TECHNOLOGIST

CARMEL THERESE B. APAO-BLANCO, MD, DPSP
PRC# 130232
PATHOLOGIST

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

Ouano Avenue, City South Special Economic Administrative Zone,
Guizo, Mandaue City, Cebu 6014
Tel. No. (032) 517-0888
www.ucmed.ph

LABORATORY DEPARTMENT

Patient Name : **PLANAS, BERNARD MANGILAYA**
Age : 31Y
Sex : MALE
Date of Birth : 07-29-1994
Room No. :MS
Source : NS6 B
Physician : JC., ORTHO

Hosp No. : 462052
Lab No. : 25082868
Date & Time Requested : September 26, 2025 15:28
Date & Time Performed : September 26, 2025 16:02
Date & Time Validated : September 26, 2025 16:53

IMMUNOLOGY AND SEROLOGY

TEST	RESULT	UNIT	REFERENCE RANGE
HBsAg (Qualitative)	Nonreactive		

This report is best interpreted by your attending Doctor together with your clinical and other ancillary findings.

Results are electronically validated and signed.

MICHAEL LIZTER P. CHAN, RMT
PRC Lic. No. 0107147
MEDICAL TECHNOLOGIST

CARMEL THERESE B. APAO-BLANCO, MD, DPSP
PRC# 130232
PATHOLOGIST

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

Ouano Avenue, City South Special Economic Administrative Zone,
Guizo, Mandaue City, Cebu 6014
Tel No. (032) 517-0888
www.ucmed.ph

LABORATORY DEPARTMENT

Patient Name : **PLANAS, BERNARD MANGILAYA**
Age : 31Y
Sex : MALE
Date of Birth : 07-29-1994
Room No. :MS
Source : NS6 B
Physician : JC., ORTHO

Hosp No. : 462052
Lab No. : 25082868
Date & Time Requested : September 26, 2025 15:28
Date & Time Performed : September 26, 2025 16:02
Date & Time Validated : September 26, 2025 16:26

CLINICAL CHEMISTRY

TEST	RESULT	UNIT	REFERENCE RANGE
Potassium	3.90	mmol/L	3.5 - 5.1
Sodium	141.0	mmol/L	137 - 145
Creatinine	1.20	mg/dL	0.80 - 1.50
SGPT (ALT)	25.00	u/L	< 50

This report is best interpreted by your attending Doctor together with your clinical and other ancillary findings.

Results are electronically validated and signed.

CLAIRE V. SOLITARIO, RMT
PRC Lic. No. 0108805
MEDICAL TECHNOLOGIST

CARMEL THERESE B. APAO-BLANCO, MD, DPSP
PRC# 130232
PATHOLOGIST

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

Ouano Avenue, City South Special Economic Administrative Zone,
Guizo, Mandaue City, Cebu 6014
Tel. No. (032) 517-0888
www.ucmed.ph

LABORATORY DEPARTMENT

Patient Name : **PLANAS, BERNARD MANGILAYA**
Age : 31Y Sex : MALE
Date of Birth : 07-29-1994 Room No. :MS
Source : NS6 B
Physician : JC., ORTHO

Hosp No. : 462052
Lab No. : 25082868
Date & Time Requested : September 26, 2025 15:28
Date & Time Performed : September 26, 2025 16:02
Date & Time Validated : September 26, 2025 16:38

COAGULATION

TEST		RESULT	UNIT	REFERENCE RANGE
APTT				
Control		29.9	secs	
* APTT Control Range (24.5 - 31.1)				
Patient		23.7	secs	22.0 - 33.0
PROTHROMBIN TIME				
Control		10.7	secs	
* PT Control Range (10.2 - 13.0)				
Patient	L	**9.2**	secs	10.0 - 14.0
(% Activity)		120.10	%	70.00 - 130.00
INR	L	**0.79**		0.80 - 1.20
* Duplicate test done.				

This report is best interpreted by your attending Doctor together with your clinical and other ancillary findings.

Results are electronically validated and signed.

KEISHA NICOLE C. PINTACASI, RMT
PRC Lic. No. 89292
MEDICAL TECHNOLOGIST

CARMEL THERESE B. APAO-BLANCO, MD, DPSP
PRC# 130232
PATHOLOGIST

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

Ouano Avenue, City South Special Economic Administrative Zone,
Guizo, Mandaue City, Cebu 6014
Tel. No. (032) 517-0888
www.ucmed.ph

LABORATORY DEPARTMENT

Patient Name : **PLANAS, BERNARD MANGILAYA**
Age : 31Y
Sex : MALE
Date of Birth : 07-29-1994
Room No. :MS
Source : NS6 B
Physician : JC., ORTHO

Hosp No. : 462052
Lab No. : 25082868
Date & Time Requested : September 26, 2025 15:28
Date & Time Performed : September 26, 2025 16:02
Date & Time Validated : September 26, 2025 16:32

CLINICAL CHEMISTRY

TEST	RESULT	UNIT	REFERENCE RANGE
HbA1c			
HbA1c	6.30	%	<5.7% Normal 5.7 - 6.4% Pre-diabetic >6.4% Diabetic

This report is best interpreted by your attending Doctor together with your clinical and other ancillary findings.

Results are electronically validated and signed.

CLAIRE V. SOLITARIO, RMT
PRC Lic. No. 0108805
MEDICAL TECHNOLOGIST

CARMEL THERESE B. APAO-BLANCO, MD, DPSP
PRC# 130232
PATHOLOGIST

UCMed

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

OUANO AVENUE, CITY SOUTH SPECIAL,
ECONOMIC ADMINISTRATIVE ZONE, GUIZO,
MANDAUE CITY, CEBU 6014

RADIOLOGY DEPARTMENT
X- RAY SECTION

HOSP. NO: 462052
NAME: PLANAS, BERNARD MANGILAYA
GENDER: M
AGE: 31Y1M28D DOB: Jul-29-1994
PHYSICIAN: JC., ORTHO

OPD/ADM. NO: 75673
ROOM NO: MS

TRANSACTION NO: 14539406
REQUEST DATE: Sep-26-2025
EXAM DATE: Sep-26-2025
RESULT DATE/TIME: Sep-26-2025 11:27 am

RIGHT CLAVICLE AP AND AXIAL

CLINICAL DATA: MVA

FINDINGS:

Comminuted displaced fracture at the mid to distal clavicle with approximately 2.1 cm overlap of the major fracture fragments.
Mild overlying soft tissue swelling noted.
The acromio-clavicular and coraco-acromial joint spaces are preserved.
Bone mineralization is within normal limits.

IMPRESSION:

COMMINUTED DISPLACED FRACTURE, MID TO DISTAL RIGHT CLAVICLE AS DETAILED.
MILD SOFT TISSUE SWELLING, RIGHT SUPRACLAVICULAR REGION.

Radiology Resident: Abbe Margarette M. Arradaza, MD

Transcribed by: Stephanie Ocat

FAE YZAVIL ULSON TANGO-AN
Radiologic Technologists

BRAULIO L. STO. DOMINGO II, MD
Radiologist

Date/Time Printed: 09/26/2025 11:27:14 am

UCMed

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

OUANO AVENUE, CITY SOUTH SPECIAL,
ECONOMIC ADMINISTRATIVE ZONE, GUIZO,
MANDAUE CITY, CEBU 6014

RADIOLOGY DEPARTMENT
X- RAY SECTION

HOSP. NO: 462052
NAME: PLANAS, BERNARD MANGILAYA
GENDER: M
AGE: 31Y1M28D DOB: Jul-29-1994
PHYSICIAN: JC., ORTHO

OPD/ADM. NO: 75673
ROOM NO: MS

TRANSACTION NO: 14539406
REQUEST DATE: Sep-26-2025
EXAM DATE: Sep-26-2025
RESULT DATE/TIME: Sep-26-2025 11:27 am

RIGHT LEG (TIBIA/FIBULA) AP AND LATERAL

CLINICAL DATA: MVA

FINDINGS:

The visualized tibia and fibula show normal cortical outline.
There is no sign of fracture, dislocation, and bone destruction.
The rest of the soft tissue structures are unremarkable.

IMPRESSION:

INTACT BONES AND JOINTS OF THE RIGHT LEG.

Radiology Resident: Abbe Margarette M. Arradaza, MD

Transcribed by: Stephanie Ocat

FAE YZAVIL ULSON TANGO-AN
Radiologic Technologists

BRAULIO L. STO. DOMINGO II, MD
Radiologist

Date/Time Printed: 09/26/2025 11:27:23 am

UNIVERSITY OF CEBU MEDICAL CENTER, INC.
OUANO AVENUE, CITY SOUTH SPECIAL,
ECONOMIC ADMINISTRATIVE ZONE, GUIZO,
MANDAUE CITY, CEBU 6014

RADIOLOGY DEPARTMENT
CT-SCAN SECTION

HOSP. NO:	462052	OPD/ADM. NO:	49101	TRANSACTION NO:	14545842
NAME:	PLANAS, BERNARD MANGILAYA	ROOM NO:	MS	REQUEST DATE:	Sep-26-2025
GENDER:	M			EXAM DATE:	Sep-26-2025
AGE:	31Y1M29D DOB: Jul-29-1994			RESULT DATE/TIME:	Sep-27-2025 8:34 AM
PHYSICIAN:	JC., ORTHO				

SHOULDER (CT)

Clinical data: Motor vehicular accident (09/25/2025); (+) right shoulder pain.
Technique: non-contrast axial CT scan of the right shoulder with coronal, sagittal, and 3D reconstructions
Findings:

There is a comminuted displaced fracture at the middle to distal third of the right clavicle. The rest of the included humerus, scapula and rib cage are intact.

The glenohumeral, acromio-clavicular, and coraco-acromial joint spaces are preserved.

Soft tissue swelling is noted at the clavicular region.

Bone mineralization is within normal limits.

IMPRESSION:

COMMINUTED DISPLACED FRACTURE AT THE MIDDLE TO DISTAL THIRD OF THE RIGHT CLAVICLE

SOFT TISSUE SWELLING AT THE CLAVICULAR REGION

UCMed

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

OUANO AVENUE, CITY SOUTH SPECIAL,
ECONOMIC ADMINISTRATIVE ZONE, GUIZO,
MANDAUE CITY, CEBU 6014

RADIOLOGY DEPARTMENT
CT-SCAN SECTION

HOSP. NO:	462052	OPD/ADM. NO:	49101	TRANSACTION NO:	14545842
NAME:	PLANAS, BERNARD MANGILAYA	ROOM NO:	MS	REQUEST DATE:	Sep-26-2025
GENDER:	M			EXAM DATE:	Sep-26-2025
AGE:	31Y1M29D DOB: Jul-29-1994			RESULT DATE/TIME:	Sep-27-2025 8:34 AM
PHYSICIAN:	JC., ORTHO				

/LST

Radiology Resident: Dr. Michael James D. Vaño
Transcribed by: Francis Dianne Gonzales

ABEGAIL MARIE QUIAPO ALCOSEBA
Radiologic Technologists

MA.LUISA SUGATAN TAN MD,FPCR,FCTMRISP,FUSP
Radiologists

Date/Time Printed: 9/27/2025 8:36:47 AM

UCMed

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

OUANO AVENUE, CITY SOUTH SPECIAL,
ECONOMIC ADMINISTRATIVE ZONE, GUIZO,
MANDAUE CITY, CEBU 6014

RADIOLOGY DEPARTMENT
X- RAY SECTION

HOSP. NO: 462052
NAME: PLANAS, BERNARD MANGILAYA
GENDER: M
AGE: 31Y1M28D DOB: Jul-29-1994
PHYSICIAN: JC., ORTHO

OPD/ADM. NO: 75673
ROOM NO: MS

TRANSACTION NO: 14540219
REQUEST DATE: Sep-26-2025
EXAM DATE: Sep-26-2025
RESULT DATE/TIME: Sep-26-2025 12:08 pm

CERVICAL SPINE AP, LATERAL AND OPEN-MOUTH

CLINICAL DATA: MVA

FINDINGS:

Vertebral height and disc spaces are preserved.
Atlas-dens interval is not widened.
Normal spinal alignment is maintained.
Prevertebral space is not thickened.

IMPRESSION:

INTACT BONES AND JOINTS OF THE CERVICAL SPINE RADIOGRAPHICALLY.

Radiology Resident: Tadayuki L. Otani, MD

Transcribed by: Stephanie Ocat

MEL JOSHUA CONDRILLON
Radiologic Technologists

ELIZABETH C. FERNANDEZ MD,FPCR,FUSP,FDBISP
Radiologist

Date/Time Printed: 09/26/2025 12:23:55 pm

UCMed

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

OUANO AVENUE, CITY SOUTH SPECIAL,
ECONOMIC ADMINISTRATIVE ZONE, GUIZO,
MANDAUE CITY, CEBU 6014

RADIOLOGY DEPARTMENT
X- RAY SECTION

HOSP. NO:	462052	OPD/ADM. NO:	75673	TRANSACTION NO:	14540219
NAME:	PLANAS, BERNARD MANGILAYA	ROOM NO:	MS	REQUEST DATE:	Sep-26-2025
GENDER:	M			EXAM DATE:	Sep-26-2025
AGE:	31Y1M28D DOB: Jul-29-1994			RESULT DATE/TIME:	Sep-26-2025 12:08 pm
PHYSICIAN:	JC., ORTHO				

CHEST AP (BUCKY)

CLINICAL HISTORY: MVA

FINDINGS:

There is a complete oblique fracture at the midshaft of the right clavicle with inferior displacement (<2 cm) of the distal fracture fragments.
Both lung fields are clear. There is no dislocation, and bone destruction.
The ribs and the osseous structures of the thoracic cage are unremarkable.

IMPRESSION:

COMPLETE MINIMALLY DISPLACED FRACTURE, RIGHT CLAVICLE

Radiology Resident: Tadayuki L. Otani, MD

Transcribed by: Stephanie Ocat

MEL JOSHUA CONDRILLON
Radiologic Technologists

ELIZABETH C. FERNANDEZ MD,FPCR,FUSP,FDBISP
Radiologist

Date/Time Printed: 09/26/2025 12:24:03 pm

UCMed

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

OUANO AVENUE, CITY SOUTH SPECIAL,
ECONOMIC ADMINISTRATIVE ZONE, GUIZO,
MANDAUE CITY, CEBU 6014

RADIOLOGY DEPARTMENT
X- RAY SECTION

HOSP. NO: 462052
NAME: PLANAS, BERNARD MANGILAYA
GENDER: M
AGE: 31Y1M28D DOB: Jul-29-1994
PHYSICIAN: JC., ORTHO

OPD/ADM. NO: 75673
ROOM NO: MS

TRANSACTION NO: 14540219
REQUEST DATE: Sep-26-2025
EXAM DATE: Sep-26-2025
RESULT DATE/TIME: Sep-26-2025 12:09 pm

PELVIS AP

CLINICAL DATA: MVA

FINDINGS:

The visualized hip joints are normal.
The acetabular rims are intact.
The femoral heads on both sides are well formed.
The visualized iliac, pubis and ischial bones appear clear.
No other remarkable findings noted.

IMPRESSION:

INTACT PELVIS.

Radiology Resident: Tadayuki L. Otani, MD

Transcribed by: Stephanie Ocat

MEL JOSHUA CONDRILLON
Radiologic Technologists

ELIZABETH C. FERNANDEZ MD,FPCR,FUSP,FDBISP
Radiologist

Date/Time Printed: 09/26/2025 12:24:11 pm

UCMed

UNIVERSITY OF CEBU MEDICAL CENTER, INC.

OUANO AVENUE, CITY SOUTH SPECIAL,
ECONOMIC ADMINISTRATIVE ZONE, GUIZO,
MANDAUE CITY, CEBU 6014

RADIOLOGY DEPARTMENT
CT-SCAN SECTION

HOSP. NO: 462052
NAME: PLANAS, BERNARD MANGILAYA
GENDER: M
AGE: 31Y1M28D DOB: Jul-29-1994
PHYSICIAN: JC., ORTHO

OPD/ADM. NO: 75673
ROOM NO: MS

TRANSACTION NO: 14539551
REQUEST DATE: Sep-26-2025
EXAM DATE: Sep-26-2025
RESULT DATE/TIME: Sep-26-2025 8:03 AM

HEAD/BRAIN

Clinical history: MVA. (+) headache (PS 5/10). No loss of consciousness, no nausea and vomiting. Non-contrast and intravenous contrast-enhanced axial C.T. images of the head reveal the following findings:

The parenchymal density is normal with no focal lesions evident. The gray-white matter interface is maintained.

No acute intracranial hemorrhage nor abnormal extra-axial fluid accumulation is seen. No unusual enhancement is noted following contrast infusion.

The ventricles are normal in size and configuration.

The midline structures are undisplaced. The basal cisterns are intact.

The sella turcica and pineal gland are not unusual.

Mucus retention cyst is noted in the left maxillary sinus measuring 0.6 x 0.8 cm. The rest of the included paranasal sinuses, petromastoids, orbits and bony calvaria are unremarkable.

A small soft tissue nodule is seen in the left frontal scalp region measuring approximately 0.4 x 0.4 cm.

IMPRESSION:

NO EVIDENCE OF ACUTE INTRACRANIAL HEMORRHAGE, MIDLINE SHIFT OR CEREBRAL EDEMA

UNIVERSITY OF CEBU MEDICAL CENTER, INC.
OUANO AVENUE, CITY SOUTH SPECIAL,
ECONOMIC ADMINISTRATIVE ZONE, GUIZO,
MANDAUE CITY, CEBU 6014

RADIOLOGY DEPARTMENT
CT-SCAN SECTION

HOSP. NO:	462052	OPD/ADM. NO:	75673	TRANSACTION NO:	14539551
NAME:	PLANAS, BERNARD MANGILAYA	ROOM NO:	MS	REQUEST DATE:	Sep-26-2025
GENDER:	M			EXAM DATE:	Sep-26-2025
AGE:	31Y1M28D DOB: Jul-29-1994			RESULT DATE/TIME:	Sep-26-2025 8:03 AM
PHYSICIAN:	JC., ORTHO				

MUCUS RETENTION CYST IN THE LEFT MAXILLARY SINUS

SMALL SOFT TISSUE NODULE IN THE LEFT FRONTAL SCALP REGION, CONSIDER TRICHILEMMAL CYST

/LST

Radiology Resident: Dr. Nholand M. Seno
Transcribed by: Francis Dianne Gonzales

BARBIE JEAN ORTIZ DUMADAUG
Radiologic Technologists

MA.LUISA SUGATAN TAN MD,FPCR,FCTMRISP,FUSP
Radiologists

Date/Time Printed: 9/26/2025 1:56:16 PM

Republic of the Philippines
NATIONAL POLICE COMMISSION
PHILIPPINE NATIONAL POLICE
CEBU POLICE PROVINCIAL OFFICE
SOGOD POLICE STATION
Sogod, Cebu

SOG-A

September 26, 2025

POLICE REPORT

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that as per excerpt in our Police Blotter under **Entry No.** 1915 dated **September 26, 2025**, time **02:29 PM**, Page No. 117 Series of 2025 with the following entry to read as follows;

Nature: Self Inflicted Vehicular Accident (Belated Entry)

Place: National Highway, Sitio Canduwang, Brgy, Damolog, Sogod, Cebu
Time and Date: On or about 4:00 in the afternoon of September 25,2025 (Thursday)

Involved Vehicle: MC Yamaha NMAX 155 color matte black/gray, 2021 model, with OR no. 3001-000000982631 dated 08/11/2025 and CR no. 431186055 dated 10/15/2021 owned and driven by Bernard Mangilaya Planas, 31 years old, male, married, fiber home employee ,college graduate DOB: 07/29/1994, POB: Consolacion, Cebu, Filipino and presently residing at, Sitio, Paray, Colina Compound, Barangay Kasambagan, Cebu, City, with contact number 09563374753, with license no. G06-13-004176,will expired on 07/29/2028.

Facts: Initial investigation conducted by the personnel of this station disclosed that the said motorcycle came from San Remegio, Cebu, going to Cebu City. However, upon reaching the place of incident on the said time and date, while traversing on the said national highway, his driven motorcycle slipped in the curved area due to slippery road that resulted in the driver to lost control, fell on the road and suffer the injury of his right and left hand and also the right leg of the driver. The incident resulted in damage still to be determined by the vehicle involved and injuries suffered by the driver. The injured were immediately brought to Sogod District Hospital, Damolog, Sogod, Cebu for immediate medical attention.

Remarks: For future reference

Signed

Recorded by: PSSg Isabelo D Caracena

Investigated by: *Signed*
PMSg Glenn N Molina
Traffic Invest PNCO

Prepared by:

JAYPEE ANTHONY P. ARNEJO
Traffic

Noted by:

PCPT YVES A MONTEJO
Officer-In-Charge

PAID OF :*260.00*
O.R NO. :*C0371018*
ISSUED AT :*Sogod, Cebu*
ISSUED ON :*September 26, 2025*

