



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OF PAMPANGA

Advisory No. 001, s. 2025
January 2, 2025

VOLUNTARY FINANCIAL ASSISTANCE FOR MS. FE R. PABUSTAN, TEACHER,
PORAC WEST DISTRICT, SCHOOLS DIVISION OF PAMPANGA

We sincerely empathize with the medical condition of Ms. **Fe R. Pabustan**, a Teacher from Porac West District, this Division, who is currently battling multiple health concerns. She has been diagnosed with **Diabetes Mellitus Type II, Hypertension Stage II, and Acute Coronary Syndrome, and has undergone a medical arrest. At present, she is confined at St. Catherine of Alexandria Foundation and Medical Center, Angeles City**, and is receiving ongoing medical attention to address her urgent and ongoing health needs.

In light of these circumstances, we respectfully request your consideration in providing financial assistance to help cover her medical expenses and support her in this difficult time. Your generous support will make a significant difference in Ms. Pabustan's treatment and recovery.

You may channel your voluntary financial assistance to Ms. Anne Francesca Pabustan through her G-Cash Account 09225741703.

For information and dissemination.

AOAS/01-002-2025/ DA

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ST. CATHERINE OF ALEXANDRIA FOUNDATION AND MEDICAL CENTER, INC.

Lot 5-6 Block 13 Rizal Extension, Brgy. Cutcut, Angeles City 2009 Philippines
Mobile Number: +639682225657 • Email Address: medrec.scafmc@gmail.com

"We Serve, We Care, We Share, Committed to Provide Quality Health Care Service."

CERTIFICATE OF CONFINEMENT

Date: **JANUARY 02, 2025**

TO WHOM IT MAY CONCERN:

This is to certify that **FE R. PABUSTAN**, 58 YEARS OLD/FEMALE/MARRIED
a resident of **128 JOSE ABAD SANTOS STREET, CANGATBA, PORAC, PAMPANGA**

is currently confined in this hospital from **DECEMBER 28, 2024** up to **PRESENT** under the care of
DR. CANLAS, FROILAN

Diagnosis:

DIABETES MELLITUS TYPE II; HYPERTENSION STAGE II; T/C ACUTE CORONARY SYNDROME; S/P ARREST


This certification is valid as to the fact of illness, treatment, and allied matters during the specified period of confinement in this hospital.

The above data were taken from the chart of the patient.

This certification is issued upon the request of **FE R. PABUSTAN**

for the purpose of **FOR WORK PURPOSE**

SIGNED:


Medical Records Officer

CERTIFICATE NO.

NOT VALID WITHOUT DRY SEAL