



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

Advisory No. 013, s. 2025
February 28, 2025

In compliance with DepEd Order (DO) No. 8, s. 2013
this advisory is issued not for endorsement per DO 28, s. 2001,
but only for the information of DepEd officials,
personnel/staff, as well as the concerned public.

**VOLUNTARY FINANCIAL ASSISTANCE FOR MR. ALDRICH O. ESPINO
SENIOR BOOKKEEPER, SAN VICENTE PILOT SCHOOL FOR PHILIPPINE
CRAFTSMEN**

We extend our heartfelt concern and support for Mr. Aldrich O. Espino, Senior Bookkeeper at San Vicente Pilot School for Philippine Craftsmen, who is currently facing serious medical challenges. He has been hospitalized since January 22, 2025, due to Diabetes Mellitus Ketoacidosis, Hypertension Stage II, and Communicating Extracranial and Intracranial Abscess. On February 24, 2025, he underwent surgery and remains confined in the hospital, requiring continuous medical care and treatment.

Your voluntary financial assistance will greatly help alleviate his medical expenses. You may channel your financial assistance through his spouse' G-Cash Account.

G-Cash
Account Name: **Paulyn Espino**
Account Number: **0942 554 6550**

For information and dissemination.

00000048393
MAR 03 2025



Address: High School Blvd., Brgy. Lourdes, City of San Fernando (P)
Telephone No.: (045) 435-2728; (045) 435-7404
Email Address: pampanga@deped.gov.ph
Website: www.depedpampanga.ph

February 27, 2025

ROMEO M. ALIP, PhD, CESO V
Schools Division Superintendent
Division of Pampanga
City of San Fernando (P)

Sir,

Greetings of Peace!

I, **Paulyn R. Espino**, Teacher III of Potrero National High School, respectfully seeking for financial assistance for my husband's, **Aldrich O. Espino**, Senior Bookkeeper of San Vicente Pilot School for Philippine Craftsmen, medical needs.

He was hospitalized from January 22 up to present due to Diabetes Mellitus Ketoacidosis, Hypertension Stage II and Communicating Extracranial and Intracranial Abscess. He had undergone surgery on February 24, 2025, and we are not certain when we can return to work as he is still confined to the hospital and currently receiving medications.

I am hoping for your kind consideration.

Thank you.

Respectfully yours,



PAULYN R. ESPINO
Teacher and Spouse

GCash Details:

09425546550

Paulyn Espino



Doc No.:	
Effectivity Date:	NOVEMBER 17, 2010
Sheet 1 of 1	

MEDICAL CERTIFICATE

Date: January 28, 2025

This is to certify that Aldrich O. Espino, 40 years old, Male and a resident of 0902 Centro Calulut City of San Fernando, Pampanga admitted at Our Lady of Mt. Carmel Medical Center from January 22, 2025 to January 28, 2025 was diagnosed with.

Diagnosis:

Hypertension II
Diabetes Mellitus Ketoacidosis
Communicating Extracranial and Intracranial Abscess

Remarks:

For procedure Cranial & Cervical MRI (Plain & Contrast)

This certification is being issued upon the request of PATIENT/RELATIVE for whatever purposes it may serve except Medico-Legal purposes.

For: Dr. Olivert M. Gomez /
License No. _____

Mary Ann Yalung-Payumo, M.D.
PRC/LIC. NO. 140448

This Medical Certificate is not valid without the official dry seal of OLMCMC.

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JOSE B. LINGAD MEMORIAL GENERAL HOSPITAL
 Dolores, City of San Fernando, Pampanga
 Telephone No. (045) 409-6188



CERTIFICATE OF CONFINEMENT

CONFINEMENT-2025-2-203

February 19, 2025
 DATE

TO WHOM IT MAY CONCERN:

This is to certify that **ALDRICH OLALIA ESPINO** has been confined in this hospital from **January 31, 2025** to the present.

This certification is being issued for reference purpose only.

[Signature]
 Ma. Nelsya F. Cadapan
 ADMINISTRATIVE OFFICER III
MICHELLE P. OCAMPO
 Supervising Administrative Officer
 Health Information Management

Not valid without official seal.
 Hospital No. : 01343854
 Generated by: MVC



JBL-HIM-FM-06
 Rev.05 - 01-22-2024

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OUR LADY OF MT. CARMEL MEDICAL CENTER
 Km. 78 Mc Arthur Highway, Brgy. Sagun City of San Fernando Pampanga
 Tel No.: (045) 880-1288 * (045) 880-0993 * (045) 438-2421 *
 Fax No.: (045) 455-1416, e-mail: ocmc@oahoo.com
 ER Cellphone numbers: 07178946873 / 0908867482
PHILHEALTH ACCREDITED

Our Lady of Mt Carmel
Medical Center
Controlled Copy

REFERRAL FORM

To: <u>OUR LADY OF MOUNT CARMEL</u>	Department: <u>INTERNAL MEDICINE</u>
Patient Name: <u>ESPINO, ALICIA OLIVERA</u>	Age: <u>46</u> Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Accompanying Person:	Contact no: _____ Relation to patient: _____
CLINICAL IMPRESSION: <u>HTN, HEPATITIS, DYSLIPIDEMIA, COMBINATION OF ATROPHIC GASTRITIS / GASTROENTERITIS</u>	

INITIAL Vital Signs: BP: 10/60 CR: 22 RR: 19 Temp: 36.0 O2sat: 96 %
 CRITICAL SHOCK COMATOSE Good/ Fair

Brief History:

PHYSICIAN ADMITTED 12/21/21 W/ALCOHOL INTAKE, (1) HX HTN AND
(2) GASTROHEPATIC TENDRITIS AND HX PREVIOUSLY ADMITTED

Pertinent PE:

10/60 22 19 36.0 96%
HEPATIC ENLARGEMENT SOFT BT
HTN SOFT FLP
HTN HTN
HTN HTN

Diagnostics Done:

ALBUMIN 4.1 CRP: 0.27
UR: P. NEGATIVE / NEG. TUBERC. / 6.0 / 1.07 / 1.07
2.91 117 120 100 97.1 SOFT: 141.20 110 122.01 TOTAL: 10.0
0.56 170 2.75 VALVE: 1.07 1.1 11.0

Procedure/ Therapeutics Done:

Medication Given:

PCT 300 METOPROLOL 250 TRANSFER MEDS
PCT 300 VALPROIC ACID 1. Captorone 200mg (Dr)
ORPACITAZOLE (10X10) 10 ALPACITAZOLE 100 2. Clindamycin 600mg Q8 (Dr)
GABAPENTIN 100 CLONAZEPAM 1.0 3. Metformin 250mg Q8 (Dr)
CELASTROLIN 200 Repeat check creatinine TPA
one admitted at JCI

Remarks: Dr. Mandili / May charged

⊛ SELF CONDUCTION (PRIVATE SERVICE)

Prior to Transfer vital signs: BP: 120/80 CR: 90 RR: 16 Temp: 36.1 O2sat: 97 %
 Stable Critical

Physician on Duty: DR. MANDILI
 (Stamp and Sign)

Receiving Physician: DR. MANDILI / DR. TOLENTINO
 (M. M. D.)

Nurse on Duty: _____
 (Stamp and sign)

Receiving Nurse on Duty: _____

Date and Time received: _____



OUR LADY OF MT. CARMEL MEDICAL CENTER

Statement of Account

Unit: 28 McArthur Highway, Bay, San Jose, City of San Fernando, Pampanga 2000

Bill Date: 01/29/2025 8:46:47 AM

Tel. No. (045) 065-6262 / 0019-9788624 / 0098-5503474

Patient Name: **ESPINO, ALDRICH GIALIA**
 Hospitalization Plan: **PhilHealth**
 Patient Address: **0902 CENTRO CALULUT CITY OF SAN FERNANDO PAMPANGA PHILIPPINES**
 Attending Doctor(s): **DR. OLIVERT GOMEZ**
 Case No.: **90084**

Formulation No: **130759**
 Admission No.: **90084**
 Room No.: **438**
 Age: **46YRM15D**
 Admission Date: **01/22/2025**
 Admission Time: **2:15 PM**
 Discharge Date: **01/29/2025**
 Discharge Time: **8:46 AM**

PARTICULARS

	AMOUNT
***** HOSPITAL BILL DETAILS *****	
Hospital Charges	
Room & Board (2.00 Day(s) @ 2100.00, 5.00 Day(s) @ 2600.00)	17,200.00
Laboratory Examination	16,567.52
Supplies	1,846.34
X-Ray	328.24
CT-Scan	5,454.00
Ultrasound	3,597.06
Miscellaneous	270.00
Drugs & Medicines	1,122.86
Other Fee(s)	12,432.00
Sub Total for Hospital Charges	52,818.12
Net of Hospital Bill >>	52,818.12
***** PROFESSIONAL/INSTRUMENT FEE DETAILS *****	
Professional Fees	
GOMEZ, OLIVERT GALANG	14,155.56
MANALILI, JOHN LOUIE O	8,566.67
SY, GEORGE AGUSTIN	3,333.34
Sub Total for Professional Fees	26,155.57
PF Discount	
GOMEZ, OLIVERT GALANG	(2,600.00)
Sub Total for PF Discount	(2,600.00)
Net of Professional/Instrument Fees >>>	23,555.57
PLEASE PAY THIS AMOUNT	76,373.69

Remarks
FOR TRANSFER



Prepared and Verified By:

Ms. Jean Gegulera/Jessel Araquel

Billing Officer

I hereby acknowledge that the above services were actually received and rendered while admitted in the hospital.

Conforme:

Date Signed: **01/29/2025**

Contact No.: **045-435-2420 loc. 313**



CLINICAL ABSTRACT

Patient: ESPINO, A LORCH OLAVIA Sex: male Age: 70
 Address: 1902 CENTRO CALILLUT CITY OF SAN FERNANDO PAMPANGA
 Attending Physician: DR OLIVERT GOMEZ
 Date Admitted: 1/22/2025 Time: 2:15pm
 Date Discharged: _____ Time: _____

IMPRESSION/DIAGNOSIS

Hyperosmolar Hyperglycemic syndrome . TYPE II diabetes mellitus - poorly controlled
 Hypertension stage II
 Communicating extraaxial with intraxial Abscess

ESSENTIAL PHYSICAL FINDINGS:

Anicteric sclera, clear breath sounds

SIGNIFICANT LABORATORY FINDINGS:

WAB UTZ 01/23
 Hepatomegaly w/ grade I steatosis
 Well distended urinary bladder w/ 25% urinary retention

MEDICATIONS:

ceftriaxone 2gm IV	01/22 cnipec
metronidazole 750mg IV	Hgb 120
liverprine HD	Hct 0.36
ceftriaxone 2gm IV	WBC 16.99
clindamycin cap Q6	Plt 175

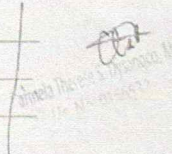
CONDITIONS TRANSFER/DISCHARGE:

conscious

REMARKS:

Transfer to Government Hospital of choice

DR. Gomez
 License No. _____
 PTR No. _____



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JOSE R. TINGAD MEMORIAL GENERAL HOSPITAL
Dabawan, City of San Fernando, Pangasinana
Telephone No. (045) 403 6609



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