



**Republic of the Philippines  
Department of Environment and Natural Resources  
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES  
REGION IV – MIMAROPA**

September 20, 2022

**MEMORANDUM**

FOR : The Regional Executive Director  
DENR-MIMAROPA Region  
Roxas Blvd., Ermita, Manila

FROM : The PENR Officer

SUBJECT : REQUEST OF FORESTER II ORLANDO R. RAMOS FOR  
TEMPORARY ASSIGNMENT AT PENRO MAMBURAO,  
OCCIDENTAL MINDORO

Respectfully forwarding herewith is the request of Forester II Orlando R. Ramos for temporary reassignment from CENRO San Jose, Occidental Mindoro to PENR Office in Mamburao, Occidental Mindoro.

For information and consideration.

  
**ERNESTO E. TAÑADA**



**Republic of the Philippines**  
**Department of Environment and Natural Resources**  
**PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES**  
**REGION IV – MIMAROPA**

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**ERNESTO E. TAÑADA**



Republic of the Philippines  
**Department of Environment and Natural Resources**  
MIMAROPA Region  
Community Environment and Natural Resources Office

SEP 08 2022

**MEMORANDUM**

FOR : The OIC, PENR Officer  
DENR-Mamburao, Occidental Mindoro

THRU : The Chief, Management Services Division

FROM : The CENR Officer

SUBJECT : REQUEST OF FORESTER II ORLANDO R. RAMOS FOR  
TEMPORARY ASSIGNMENT AT PENRO MAMBURAO,  
OCCIDENTAL MINDORO

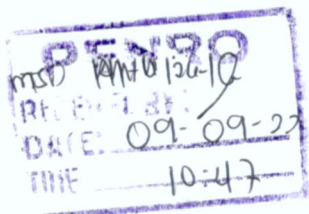
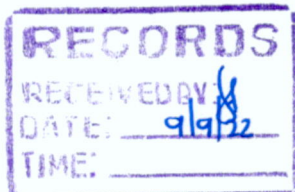
Respectfully forwarding the Memorandum request of Forester II Orlando R. Ramos dated August 18, 2022, for his temporary assignment from the CENR Office, San Jose to the PENR Office in Mamburao, Occidental Mindoro.

Please be informed that the merit of the request is being considered. However, it could also be gleaned that the assignment of several personnel to other offices greatly affects the performance of this Office, specifically the attainment of current targets and the delivery of basic services to customers and the public.

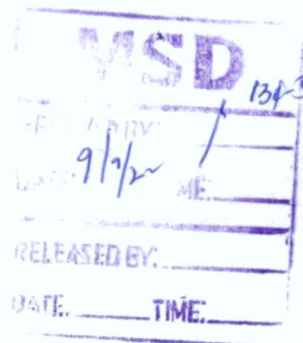
Considering the aforementioned, this Office interposes no objection on the said request, provided that the duration will only be for six (6) months and that at least one (1) detailed CENRO San Jose personnel will report to this Office as replacement.

For information and consideration.

  
**EFREN L. DELOS REYES**



Brgy. Labangan, San Jose, Occidental Mindoro  
Tel. Number (043) 457-0236/(043) 742-6627  
Email: [cenrosanjose@denr.gov.ph](mailto:cenrosanjose@denr.gov.ph)





August 18, 2022

MEMORANDUM

FOR : The CENR Officer

FROM : Forester II

SUBJECT : REQUEST FOR TEMPORARY PLACE OF ASSIGNMENT/  
DESIGNATION OF FORESTER ORLANDO R. RAMOS.

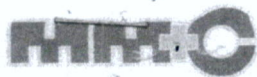
DENR - CENRO SAN JOSE  
MIMAROPA REGION  
RECEIVED BY: #2022-1459d  
DATE: 08-23-2022

Respectfully requesting for temporarily place of assignment/designation of Forester Orlando R. Ramos at PENRO Mamburao, Occidental Mindoro due to the medication of my wife, this may require extreme monitoring because of her condition.

Approval of the above mentioned are hereby requested.

  
ORLANDO R. RAMOS





# MAKATI MEDICAL CENTER

#2 Amorsolo St.,  
City of Makati, Philippines 1229  
DEPARTMENT OF PATHOLOGY AND LABORATORIES

PATIENT NAME:	RAMOS, GEMMA TAÑEDO				LAB NO:	HF2202237
PATIENT ID#:	236486	DOB: 01-13-1967	AGE: 55Y	SEX: FEMALE	ORDER:	04-18-2022 10:59
CLINICIAN:	CAEDO-LIM, MARIA SOCORRO V				RECEIVED:	04-18-2022 13:16
REQUESTING CLINICIAN:	N/A				FINALIZED:	05-05-2022 13:25
REQUEST TYPE:	Histopath Routine FP	SOURCE: DR Delivery Room			Room No.:	1529
SPECIMEN (ANATOMICAL LOCATION) UTERUS, CERVIX(RIGHT AND LEFT FALLOPIAN TUBE AND OVARIES)				PROCEDURE: HISTOPATH ROUTINE C		

## FINAL DIAGNOSIS:

### TOTAL ABDOMINAL HYSTERECTOMY WITH BILATERAL SALPINGOOOPHORECTOMY:

- ENDOMETRIAL ENDOMETRIOID ADENOCARCINOMA, FIGO GRADE 2.
- TUMOR INVADDES MORE THAN 50% OF THE MYOMETRIUM.
- MYOMETRIAL THICKNESS: 1.1 CM.
- DEPTH OF MYOMETRIAL INVASION: 0.6 CM
- ADENOMYOSIS, NOT INVOLVED BY CARCINOMA.
- NO DEFINITE LYMPHOVASCULAR SPACE INVASION AND PERINEURAL INVASION IDENTIFIED.
- RIGHT AND LEFT FALLOPIAN TUBES, RIGHT AND LEFT OVARIES, AND LOWER UTERINE SEGMENT, UTERINE SEROSA, RIGHT AND LEFT PARAMETRIA, NEGATIVE FOR TUMOR.
- PATHOLOGIC STAGE CLASSIFICATION (pTNM, AJCC 8TH EDITION): pT1b
- OTHER FINDINGS:
  - MULTIPLE LEIOMYOMA UTERI, INTRAMURAL.
  - ENDOMETRIOSIS, LEFT FALLOPIAN TUBE.
  - PARATUBAL CYST, LEFT FALLOPIAN TUBE.
  - SEROUS CYSTADENOMA, RIGHT OVARY.
  - CHRONIC ENDOCERVICITIS.
  - NO ECTOCERVIX IDENTIFIED.

## GROSS DESCRIPTION:

Specimen received in formalin and labeled as "UTERUS, CERVIX, RIGHT AND LEFT FALLOPIAN TUBE, RIGHT AND LEFT OVARY" is a previously sectioned TAHBSO specimen entirely weighing 402 grams and consists of a cervix (3.5 x 1.5 x 1.0 cm), uterus (12.5 x 10.0 x 7.5 cm), right fallopian tube (2.0 x 1.0 x 0.7 cm), left fallopian tube (2.3 x 1.0 x 0.8 cm), right ovary (3.5 x 2.4 x 2.0 cm) and left ovary (2.7 x 1.5 x 0.8 cm). Cervix is a cream-tan soft tissue. The external os is slit-like and measures 1.5 x 1.0 cm. The endocervical canal measures 2.0 cm in diameter and is lined by a tan-herringbone mucosa. The endometrial canal measures 5.0 cm and is lined by a 0.3 cm thick endometrium. The myometrium measures 1.1 cm at its thickest. Seen are multiple firm tissues located intramurally and subserosally. Cut section shows cream-white whorled cut surface. No hemorrhage nor infarct seen. The right fallopian tube is cream-tan to purple tubular structure measures 2.0 x 1.0 x 0.7 cm. Cut section shows pinpoint lumen. The left fallopian tube is cream-tan to purple tubular structure measures 2.3 x 1.0 x 0.8 cm. Cut section shows pinpoint lumen. The right ovary is cream-tan soft tissue measuring 3.5 x 2.4 x 2.0 cm. Cut section shows uniloculated cream-white surface filled with clear fluid measuring 2.7 x 2.3 cm. The left ovary is yellow to cream-tan soft tissue measuring 2.7 x 1.5 x 0.8 cm. Cut section shows cream-white to cream-tan smooth surface. A1-A2 = cervix, block all. A3-A4 = endomyometrium with myomas, representative taken. A5 = subserosal myoma, representative taken. A6-A7 = intramural myomas, representative taken. A8 = right fallopian tube, block all. A9 = left fallopian tube, block all. A10-



## MAKATI MEDICAL CENTER

A11 = right ovary, block all. A12 = left ovary, block all. **ADDITIONAL SECTIONS TAKEN:** A13-A14 = right and left parametria, A15-A18 = entirely blocked endometrium with myometrium. CDJORGE MD

Signed By: NEILA A. CEJUDO, MD, FPSP

License No. | Expiry Date: 0087545, 07/21/2024

\*\*\* This is a Computer generated form and if issued without any alteration, This does not require a signature\*\*\*

**JAY ARNOLD F. FAMADOR, M.D.**

**GYNECOLOGIC ONCOLOGY**  
(Obstetrics & Gynecology)

SLMC Global City  
Rm. 533 Medical Arts Building  
Tel.: 8789.77.06 loc. 7533  
By Appointment  
Cp #: 0998.565.201

Makati Medical Center  
Rm. 344 Main Building  
Tel. 819.17.47 / 858.89.99 loc. 2344  
By Appointment  
Cp #: 0998.565.201

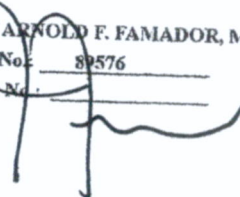
Patient: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date: May 31, 2022

**Rx**

THIS IS TO CERTIFY THAT  
MS. GEMMA T. RAMOS IS DIAGNOSED  
WITH ENDOMETRIAL ADENOCARCINOMA.  
SHE WILL UNDERGO COMPLETE  
PRIME RADIOTHERAPY CONSISTING OF  
28 SESSIONS OF EXTERNAL BEAM  
RADIATION AND  
3 SESSIONS OF BRACHYTHErapy.  
SHE MAY HAVE TO REQUEST ADDITIONAL  
LEAVE FROM WORK DURING THE  
DURATION OF  
TREATMENT.

JAY ARNOLD F. FAMADOR, M.D.  
Lic. No. 89576  
PTR No. \_\_\_\_\_





**RADIOLOGY - RADIATION ONCOLOGY**

TO THE PATIENT SERVICE REPRESENTATIVE OR RADIATION THERAPIST: ENTER REQUIRED INFORMATION. WRITE N/A IF ITEM DOES NOT APPLY.

<b>PATIENT NAME</b> (Last Name, First Name, Middle Name) RAMOS, GEMMA Tañedo			
<b>BIRTHDATE</b> (MM/DD/YYYY) 1/13/67	<b>SEX</b> Female	<b>AGE</b> 55 y/o	<b>MRN</b> 236486
<b>DIAGNOSIS</b>	ENDOMETRIAL CANCER		
<b>TREATMENT SITE</b>	PELVIS		
<b>PROCEDURE</b>	EXTERNAL BEAM RADIATION THERAPY (TomoTherapy™)		
<b>PACKAGE</b>	IMRT SIMPLE - PELVIS		
<b>FRACTION(S)</b>	28		

TREATMENT DETAILS	QUANTITY	PRICE BREAKDOWN	TOTAL
<b>Simulation</b> CT SIMULATION (IMRT SIMPLE) PRODUCT CODE: 1813022 (Paid before Simulation Procedure) Add-ons:	1	<b>Php60,700.00</b> Guarantor: Phil. Health    Php30,300.00 Patient/HMO    Php30,400.00	PHP 60,700.00
Thermoplastic Mask Pelvis Large (6 points) PRODUCT CODE: 06003123	1	<b>Php11,840.00</b>	PHP 11,840.00
<b>Treatment Planning</b> TREATMENT PLANNING IMRT COMPLEX W/O IMMOBILIZATION PRODUCT CODE: 1810010099 (Paid a day after Simulation Planning)	1	<b>Php18,035.00</b> Guarantor: Phil. Health    Php18,000.00 Patient/HMO    Php35.00	PHP 18,035.00
<b>TomoTherapy Treatment</b> IMRT SIMPLE TREATMENT - PELVIS PRODUCT CODE: 1810010286 1 week = five(5) days Daily Treatments, Monday-Friday, Paid Weekly (1st, 6th, etc.)	5	<b>Php43,811.00</b> Guarantor: Phil. Health    Php28,400.00 Patient/HMO    Php15,411.00	PHP 219,055.00
<b>Additional Session(Daily)</b> IMRT SIMPLE TREATMENT - PELVIS (ADDL) PRODUCT CODE: 1810010287 Paid during last week session to complete the package	3	<b>Php9,345.00</b> Guarantor: Phil. Health    Php5,680.00 Patient/HMO    Php3,665.00	PHP 28,035.00
<b>TOTAL</b>			<b>PHP 337,665.00</b> Phil. Health    PHP 207,340.00 Patient/HMO    PHP 130,325.00

**TERMS & CONDITIONS:**

- FOR IN-PATIENT CASES** -- PhilHealth coverage/benefit shall be determined upon discharge after computation from billing section.
- The 20% Senior Citizen discount, Persons with Disabilities discount, and other Government-Mandated discounts cannot be availed in conjunction with this package as this is already a discounted rate.
- If the patient chooses to avail the 20% Senior Citizen discount, or the Persons with Disabilities discount, or other Government-Mandated discount, the hospital bill will be charged as itemized rates and regular professional fees will apply.
- REFUND for unused session(s) is not allowed.
- A new cost estimate is required and will be provided for additional session(s), if necessary.
- Additional charges(10%-20%) may apply for IN Patient depending on room accommodation.

I have read and understood the details on this Treatment Quotation and agree to the terms and conditions.

Prepared by: <b>RAMOS, GEMMA Tañedo</b> Patient/Legal Representative Signature above Printed Name	May 31, 2022 Date (MM/DD/YYYY)	11:42:33 AM Time (DDMMYY)
Prepared by: <b>Donald S. Marcos, RRT</b> PSR or Radiation Therapist Signature above Printed Name	May 31, 2022 Date (MM/DD/YYYY)	11:42:33 AM Time (DDMMYY)
Verified by: <b>Laura M. Perido</b> Department Manager Signature above Printed Name	May 31, 2022 Date (MM/DD/YYYY)	11:42:33 AM Time (DDMMYY)
<b>Michael Martin H. Malabanan, M.D.</b> Radiation Oncologist Signature above Printed Name	May 31, 2022 Date (MM/DD/YYYY)	11:42:33 AM Time (DDMMYY)



**RADIOLOGY - RADIATION ONCOLOGY**

TO THE PATIENT SERVICE REPRESENTATIVE OR RADIATION THERAPIST: ENTER REQUIRED INFORMATION. WRITE N/A IF ITEM DOES NOT APPLY.

<b>PATIENT NAME</b> (Last Name, First Name, Middle Name)			
RAMOS, GEMMA Tañedo			
<b>BIRTHDATE</b> (MMM/DD/YYYY)	<b>SEX</b>	<b>AGE</b>	<b>MRN</b>
January 13, 1967	FEMALE	55 y/o	236486
<b>DIAGNOSIS</b>	ENDOMETRIAL CANCER		
<b>PROCEDURE</b>	High Dose Rate Brachytherapy (Bebig Multisource HDR Afterloader)		
<b>TREATMENT SITE</b>	Pelvis		
<b>FRACTION(S)</b>	3		
<b>PACKAGE</b>	PRIVATE		

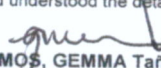
TREATMENT DETAILS		QUANTITY	PRICE BREAKDOWN	TOTAL
Treatment Planning Brachytherapy PRODUCT CODE: 4370004		3	Php5,990.00	PHP 17,970.00
Treatment Brachytherapy PRODUCT CODE: 4370012		3	Php15,515.00	PHP 46,545.00
Miscellaneous		3	Php20,000.00	PHP 60,000.00
Professional Fees				
Radiation Oncologist		3	pls. refer to Gyne Onco Clinic	
Gynecologic Oncologist		3	pls. refer to Gyne Onco Clinic	
Anesthesiologist			pls. refer to Anesthesiologist Clinic	
SUB-TOTAL				PHP 124,515.00

**TERMS & CONDITIONS:**

- The 20% Senior Citizen discount, Persons with Disabilities discount, and other Government-Mandated discounts cannot be availed in conjunction with this package as this is already a discounted rate.
- If the patient chooses to avail the 20% Senior Citizen discount, or the Persons with Disabilities discount, or other Government-Mandated the hospital bill will be charged as itemized rates and regular professional fees will apply.
- REFUND for unused session(s) is not allowed.
- A new cost estimate is required and will be provided for additional session(s), if necessary.

**AGREEMENT:**


I have read and understood the details on this Treatment Quotation and agree to the terms and conditions.

  
**RAMOS, GEMMA Tañedo**  
 Patient Legal Representative  
 Signature above Printed Name

May 31, 2022  
 Date (MMM/DD/YYYY)

11:44:05 AM  
 Time (0000H)

Prepared by:

  
**Donald S. Marcos, RRT**  
 PSR or Radiation Therapist  
 Signature above Printed Name

May 31, 2022  
 Date (MMM/DD/YYYY)


11:44:05 AM  
 Time (0000H)

Verified by:

**LAURA M. PERIDO**  
 Department Manager  
 Signature above Printed Name

May 31, 2022  
 Date (MMM/DD/YYYY)

11:44:05 AM  
 Time (0000H)

  
**Michael Martin H. Malabanan, M.D.**  
 Radiation Oncologist  
 Signature above Printed Name

May 31, 2022  
 Date (MMM/DD/YYYY)

11:44:05 AM  
 Time (0000H)