

REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH  
MINDANAO REGIONAL OFFICE  
Davao City

TO: [REDACTED] (Name of the recipient)  
FROM: [REDACTED] (Name of the sender)  
SUBJECT: [REDACTED] (Subject of the letter)

[REDACTED] (Body of the letter containing the main message)

[REDACTED] (Continuation of the letter body)

[REDACTED] (Continuation of the letter body)