



**JOSE R. REYES MEMORIAL MEDICAL CENTER**  
Rizal Avenue, Sta. Cruz, Manila

**DEPARTMENT: Physical Medicine and Rehabilitation**



**EMMANUEL F. MONTAÑA, MD, FPCCS, FACS, MHA**  
Medical Center Chief II  
This Medical Center

Dear Dr. Montaña,

Submitting to your good office the Accomplishment Report of the department for the month of September 2021.

<b>PROJECT, PROGRAMS AND ACTIVITIES</b>	<b>DATE</b>	<b>PARTICIPANTS</b> (number of participants, sex disaggregated)	<b>PERSON RESPONSIBLE</b> (No of person involve, sex disaggregated, indicate full item, ex. MS1, NAIL, MOIII, ADMIN AIDE IV) also include helpers/janitors	<b>BUDGET</b> (Pls itemize and include, food, supplies, medicines, materials, iec materials, tarpaulins, honorarium, laboratories, rental fee, transportation fee)
None	n/a	n/a	n/a	n/a

Respectfully yours,

**GAERLAND D. INCIONG, MD**  
Chairman

*EMMANUEL F. MONTAÑA, JR., MD, FPCCS, MHA*  
Medical Center Chief II

*Report for your Sir; Report of  
Nails problem for the month of  
SEP/2021*

*[Signature]*