



Republic of the Philippines  
DEPARTMENT OF HEALTH

HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

ORDER OF PAYMENT

(AUTHENTICATION FEE)

Date: \_\_\_\_\_

To CASHIER:

Name of Clinic/Hospital/Patient: \_\_\_\_\_

Number of Documents: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Note: Authentication Fee- P50.00 per document

Prepared by:

\_\_\_\_\_  
Licensing Officer/Designate Staff

Form OP07(Authentication)

Revision:02

09/23/2019