



Republic of the Philippines  
Department of Health  
**REGION 1 MEDICAL CENTER**  
Arellano Street, Dagupan City  
**BAC Office**  
Tel No.: (075) 523-18-65  
Telefax.: (075) 523-41-03  
[r1mcsbac2012@gmail.com](mailto:r1mcsbac2012@gmail.com)

**NOTICE TO PROCEED**

JAN 28 2021

**JOY LEGASPI**

*Authorized Representative*

**TOP OPHTHALMIC PRODUCTS & SERVICES CORP.**

*Unit 401 Metrostar Building 1007 Metropolitan Avenue,  
Makati City*

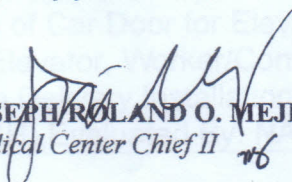
*Madam:*

This is to inform you that notice is hereby given to **Top Ophthalmic Products & Services Corp.** that supply and delivery proceed on the **Repair of Equipment**, under BAC Resolution No. AMP-NP-189A S. (11) 2020, effective immediately.

Attached is the Notice of Award with corresponding performance security posted for the contract. Upon receipt of this notice, you are responsible for performing the services under the terms and conditions of the agreement and in accordance with the Implementation Schedule.

Please acknowledge receipt and acceptance of this notice by signing both copies in the space provided below. Keep one copy and return the other to the Region 1 Medical Center.

Very truly yours,

  
**JOSEPH ROLAND O. MEJIA, MD, FPSMS, MBAH, MPA, DHSM, CESE**  
*Medical Center Chief II* *rb*

I acknowledge receipt of this Notice on Feb. 18, 2021

Name of the Representative of the Supplier: CHARLOTTE C. POSTIGO

Authorized Signature: 