



Republic of the Philippines
PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
 Tel. No.: 8588-9900 loc. 224, 226, 361, 355
 Fax no.: 85889997 • e-mail: pcmcproc@gmail.com

PURCHASE ORDER **Nº 74976**
 FOR SUPPLIES OR EQUIPMENT **74976**
 P. R. NO. DE 2022-001 Dated: July 22, 2022
 MODE OF PROCUREMENT
COMPETITIVE BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. May 9, 2023

TO: Supplier/Dealer Contractor DSC Inc.
 Address: _____

S102 Comfoods Bldg Sen Gil Puyat Ave Makati City

Department/Office/Division/Section/Unit where delivery Is to be made: _____
 Location: Materials Management Division
 Special Instructions Ground Floor, PCMC Bldg.
 Delivery period: 7 working days
 Performance Security Posted: Surety Bond No. INMS (613)-80011-0115692
 Cash / Cashier's / Manager's Check No. _____
 PCMC O.R. No. _____ Amount P 2,922,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
1	6	unit	<p>Supply, Delivery and Installation of Dental Chair and unit with complete accessories (TV Monitor, accessories, lightcure, ultrasonic scaler, LED high speed handpiece, low speed handpiece, intra-oral camera) Brand: YOSHIDA Model: EYECIA II</p> <p>A. SPECIFICATIONS 1. Air pressure requirement: 0.5 ~ 0.6 Mpa 2. Water pressure requirement: 0.2 ~ 0.5 Mpa 3. Class 1 Protection against electrical shock 4. Type B degree of protection against electrical shock 5. Ambient Temperature: 10 ~ 40°C Relative Humidity: 30 ~ 75% (No Condensation) 6. LED Motion Sensor Operatory Light that can be turn and off by hand movement or manual switch (White light to yellow light) 12,000-24,000 lux 7. Motor type: DC Electric gear motor type 8. Chair height: Min. Height: 450mm Max. Height: 800mm 9. Chair length: 1850mm with the headrest extended by one inch, 1980mm when the headrest is extended to the fullest 10. Chair load capacity: 135 kg. max 11. Original LED Intra Oral X-ray film viewer • Dimension: 175mm x 100 mm 12. Dimension of Doctor's Tray: 350mm x 460mm 13. Emergency Stop Switches on backrest, seatrest, and chair base 14. Silent Movement System. No jolts or mechanical sounds. The chair's motor is whisper-quiet. So patients don't hear a thing. Since it is moved by DC Electric Gear Motor Type, no vibration will be felt. 15. NO SUCK BACK SYSTEM on Doctor's Tray for handpieces: to prevent air retraction, therefore preventing the entry of oral fluids, viruses and other foreign materials into the handpiece head,</p> <p style="text-align: right;">(Seven Million Seven Hundred Forty Thousand Pesos)</p>	1,290,000.00	<u>7,740,000.00</u>

Funding Code _____ **TOTAL AMOUNT P** 7,740,000.00

FUNDS AVAILABLE:
LEA M. VILLALOBOS, CPA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ, MD, MSsHSM, MPM
 Executive Director

- Attachments:
- P.R. No. DE 2022-001
 - Abstract of Canvass/Bids
 - Canvass Sheet/Tender of Bids
 - Notarized Certification of Exclusive Distributor
 - Justification
 - Others
 - x BAC RESO NO. R2023-05-260
 - x NOA-2023-113
 - x NTP-PROC-2023-231

CERTIFICATION
 This is to certify that I received today the copy of this Purchase Order, and held the Company bound by the terms and stipulation of the contract and other laws applicable.

 (Signature over printed name)
 Date: _____

Distribution : White (Original) - Attachment to payment
 Yellow (Duplicate) - Procurement
 Pink - Supply and Property



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PHILIPPINE CHILDREN'S MEDICAL CENTER
 Quezon Ave. Quezon City
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PURCHASE ORDER 74976
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. DE 2022-001 July 22, 2022
 MODE OF PROCUREMENT
COMPETITIVE BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. May 9, 2023

TO: Supplier/Dealer Contractor BSC Inc.
 Address: S102 Comfoods Bldg. Sen. Gil Puyat Ave. Makati City

Department/Office/Division/Section/Unit where delivery
 Is to be made: Materials Management Division
 Location: Ground Floor, PCMC Bldg.
 Special Instructions _____
 Delivery period: 7 working days
 Performance Security Posted: Surety Bond No. MMUS/GA(19)-BDD11
 Cash / Cashier's / Manager's Check No. 0115692
 PCMC O.R. No. _____ Amount P 1,322,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<p>prolonging the life span of the handpiece bearing or cartridge (This Technology is only from YOSHIDA, JAPAN) ✓</p> <p>16. Unit will operate at 220 ~ 240 volts with 3-pin power plug at 60 hertz ✓</p> <p>17. Power Consumption is clearly stipulated in the unit. Input: AC 220 ~ 240V / 60Hz / 900VA (756W) ✓</p> <p>18. Mechanical parts are made of heavy duty durable type. 100% made in Japan and NOT assembled in any country outside Japan ✓</p> <p>19. Hygienic Removable Spittoon Bowl easy to clean. Cuspidor area and Doctor's tray are all made from polypropylene resin with very high chemical resistant material to maintain sanitation and enhance durability. Equipment is very maintainable and serviceable. ✓</p> <p>B. Accessories (per unit)</p> <p>1. Yoshida Highspeed Handpiece (4-holes) and LED Highspeed Handpiece ✓ 2. Airmotor Lowspeed Handpiece with straight & contra angle (4-holes) ✓ 3. Quick-disconnect 3-way syringe with autoclavable tip ✓ 4. 10 MP Intraoral Camera with HD Macro lens focus - 8GB SD Card stores up to 10,000 images - 10MP ✓ 5. Monitor: 17" Screen, with quadrant display setting and supports continuous captures 4 images into 1 display. ✓ - Input: 220 ~ 240 V / 60Hz ✓ - compatible with any brands of intraoral camera with same adaptor ✓ - Colored LED display ✓ 6. Ergonomic Dentist Stool / Chair with up & down position ✓</p>		

Funding Code _____ **TOTAL AMOUNT P** 7,740,000.00

FUNDS AVAILABLE:
LEA M. VILLALOBOS, CPA
 Chief Accountant
 APPROVED:
SONIA B. GONZALEZ, MD, MSsHSM, MPM
 Executive Director

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PURCHASE ORDER 74976
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. DE 2022-001 Dated: July 22, 2022
MODE OF PROCUREMENT
COMPETITIVE BIDDING
 CS No. _____ AC No. _____
 DATE OF P.O. May 9, 2023

TO: Supplier/Dealer Contractor DSC Inc.
 Address: 3102 Comfoods Bldg. Sen. Gil Puyat Ave. Makati City

Department/Office/Division/Section/Unit where delivery
 Is to be made: _____
 Location: Materials Management Division
 Special Instructions Ground Floor, PCMC Bldg.

Delivery period: 7 working days Other Terms: _____
 Performance Security Posted: Surety Bond No. 11005 / (GACB) - BDO
 Cash / Cashier's / Manager's Check No. 0115692
 PCMC O.R. No. _____ Amount P 2,922,000.00

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			<p>7. One (1) 1200-W AVR (servo-type) with time delay ✓ Brand: Scientek ✓ Model: SVC Series ✓ C. Consumables to be Provided (per unit) 1. Five (5) packs Suction Tips per chair ✓ 2. Five (5) packs Intraoral Camera Sleeves per unit ✓ D. Warranty 1. Two (2) years warranty on parts and service ✓ 2. Quarterly Preventive Maintenance within warranty period ✓ E. With duly notarized certificate from Distributor- DSC, Inc ✓ Certifies that: i. All parts, accessories and consumables for Yoshida dental chair, model Eyecia II are readily available for a period of five (5) years after the warranty period ✓ ii. We have available competent in-house and field technical specialists in handling and providing technical support as well as maintenance for Yoshida Eyecia II dental chair and other various brands of dental chairs exclusively distributed by DSC, Inc. ✓ iii. We will conduct training program on proper equipment usage, proper handling, basic troubleshooting and maintenance to the end-users, dentists, dental assistants, technicians and biomedical engineers of Philippine Childrens Medical Center. ✓ iv. In case of machine downtime, DSC, Inc. will take remedial action (repair and/or replacement of spare parts) for a period of four (4) working days. On the 5th day, if the unit is not operational, we will provide replacement/back-up/service unit while the delivered unit is being repaired. ✓ F. With duly notarized certificate from Principal Manufacturer- Yoshida Dental Mgt. Co., Ltd. i. All the term and conditions stated in the bidding documents per IRR of RA 9184 corresponding contract for the project including in the event that a change of dealership will occur during the duration of the contract up to the warranty and preventive maintenance period; ✓</p>		

Funding Code _____ **TOTAL AMOUNT P** 7,740,000.00

FUNDS AVAILABLE:
LEA M. VILLALOBOS, CPA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ, MD, MSsHSM, MPM
 Executive Director

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PURCHASE ORDER 74976
FOR SUPPLIES OR EQUIPMENT
 P. R. NO. **DE 2022-001** ✓ Dated: **July 22, 2022** ✓
MODE OF PROCUREMENT
COMPETITIVE BIDDING ✓
 CS No. _____ AC No. _____
 DATE OF P.O. **May 9, 2023** ✓

TO: Supplier/Dealer Contractor **DSC Inc.** ✓
 Address: **S102 Comfoods Bldg. Sen. Gil Puyat Ave. Makati City**

Department/Office/Division/Section/Unit where delivery
 Is to be made: _____ Delivery period: 7 working days Other Terms: _____
 Location: **Materials Management Division** Performance Security Posted: Surety Bond No. **11MUS/G(13)-81211-**
 Special Instructions **Ground Floor, PCMC Bldg.** Cash / Cashier's / Manager's Check No. **0115292**
 PCMC O.R. No. _____ Amount P **2,742,000.00**

Item No.	QTY.	UNIT	ARTICLES	UNIT COST	TOTAL COST
			ii. The expected useful life under normal use is up to Ten (10) years from the date of manufacture as long as it is properly maintained and inspected. ✓ iii. Guarantee on availability of all spare parts, accessories and consumables for the period of five (5) years from testing, commissioning, acceptance and delivery; ✓ iv. DSC, Inc. has a competence in handling and providing technical support as well as maintenance of the equipment being offered; and ✓ v. Consumer guidelines regarding disposal of the equipment • Disassembly Instructions: Most parts can be removed easily by hand. In some cases common household tools such as philips and/or flat headed screw drivers may be necessary. To remove discrete components such as the electrolytic capacitors, needle-nose pliers may be helpful. ✓ • Disposal Instructions: The customer is responsible for the proper disposal by following EU WEEE Directive and Department of Budget and Management- Manual on Disposal of Government Property for appropriate procedures and steps during decommissioning or disposing of the above mentioned medical device. ✓ G. Delivery Schedule: One Hundred Twenty (120) Calendar Days from receipt of Purchase Order ✓ For the use of: Pediatric Dentistry Division		

Penalty Clause for Delayed or Unsatisfactory Deliveries:
 1. One-tenth (1/10) of one percent (1%) of the cost of unperformed portion for everyday of delay. Once the cumulative amount of liquidated damages reaches 10% of the amount of the contract, the Procuring Entity may rescind or terminate the contract, without prejudice to other courses of action and remedies available under the circumstances.
 2. Excess in price, if procured from third parties, through alternative mode of procurement; and
 3. In case of bidding, forfeiture of performance security equal to 5% of the undelivered item/s.

vvvvvvvvvvvv

Funding Code **1-04-05-110** ✓ (2021 ED) **mgds/17/23**
P639M **TOTAL AMOUNT P 7,740,000.00** ✓

FUNDS AVAILABLE: **7,740,000.00**
LEA M. VILLALOBOS, CPA
 Chief Accountant

APPROVED:
SONIA B. GONZALEZ, MD, MSsHSM, MPM
 Executive Director

- Attachments: **DE 2022-001**
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 x **NOA-2023-113** ✓
 x **NTP-PROC-2023-231** ✓

CERTIFICATION
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 (Signature over printed name)
 Date: _____

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Republic of the Philippines
DEPARTMENT OF HEALTH
PHILIPPINE CHILDREN'S MEDICAL CENTER

Quezon Avenue, Quezon City 1100

website: www.pcmc.gov.ph email: officeofthedirector@pcmc.gov.ph

Trunk Line: 8588-9900 to 20 Direct Line: 8924-6601

NOTICE TO PROCEED

NTP-PROC-2023-231


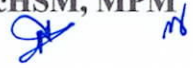
Date: May 9, 2023

DSC Inc.
S102 Comfoods Bldg. Sen. Gil Puyat Ave.
Makati City

Sir/Madam:

This is to inform you that Purchase Order No. 74976, as a result of Public Bidding for the purchase of **Supply, Delivery and Installation of Dental Chair and unit with complete accessories (TV Monitor, accessories, lightcure, ultrasonic scaler, LED high speed handpiece, low speed handpiece, intra-oral camera) (Brand: Yoshida Model: EYECIA II)** has been approved

You may now proceed with the delivery of the items listed in the attached Purchase Order within One Hundred Twenty (120) calendar days from receipt of this notice.


SONIA B. GONZALEZ, MD MScHSM, MPM
Executive Director 

CONFORME:
Received Original

Signature Over Printed Name
Authorized Representative
Date: _____

