

STATEMENT FOR PROFESSIONAL MEDICAL SERVICES

ABDIAS, ETIENNE MD

7401 N. 4TH ST.

McALLEN, TX 78504

JUDGE MARIO E. RAMIREZ, JR. JUVENILE JUSTICE CENTER

JUVENILE DETENTION JUSTICE CENTER

ACCOUNTS PAYABLE

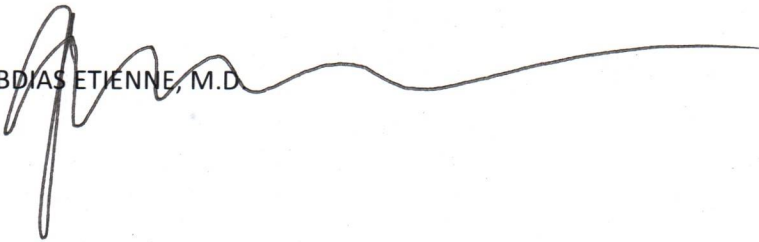
EDINBURG, TEXAS 78541

DEC 29 PM 3:19

FOR MEDICAL SERVICES RENDERED TO THE JUDGE MARIO E. RAMIREZ, JR. JUVENILE JUSTICE CENTER
FOR THE MONTH OF December 2025. Please pay the amount of \$4,000.

THANK YOU,

ABDIAS ETIENNE, M.D.



GOODS/SERVICES RECEIVED BY: *D. Ortiz*
INVOICE RECEIVED BY: *C. Ortiz*
APPROVED FOR PAYMENT BY: *12/29/25*
ACCOUNT NUMBER: *902751*
S-1100-423- 79 -330- 001 - (0- 33)
-1100-423- _____ -330- _____ - _____
-1100-423- _____ -330- 028- _____ - _____
-1294-423- _____ -330- _____ - _____

DR. ETIENNE CLINIC 12/1/25

**B-SOUTH-
C-SOUTH-**

**D-SOUTH-
B-NORTH**

[REDACTED] PHYSICAL

C-NORTH-

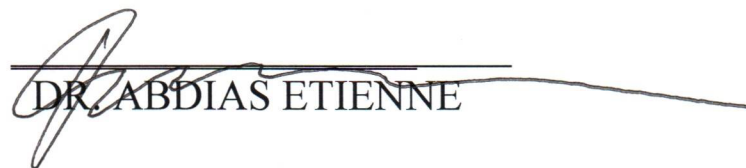
[REDACTED] MEDICAL

D-NORTH-

[REDACTED] PHYSICAL

MEDICAL REVIEW:

**[REDACTED] EL-EKG REVIEW
[REDACTED] X-RAY REVIEW**


DR. ABDIAS ETIENNE

12/1/25
DATE

DR. ETIENNE CLINIC 12/8/25

B-SOUTH-
C-SOUTH-

[REDACTED] PHYSICAL
[REDACTED] JR-MEDICAL

D-SOUTH-
B-NORTH
C-NORTH-


[REDACTED]-MEDICAL
[REDACTED] III-PHYSICAL

D-NORTH-

[REDACTED]-PHYSICAL

MEDICAL REVIEW:

[REDACTED] FORM SIGNATURE
[REDACTED] REFERRAL
[REDACTED] X-RAY
[REDACTED] X-RAY


DR. ABDIAS ETIENNE

12/8/25
DATE

DR. ETIENNE CLINIC 12/15/25

**B-SOUTH-
C-SOUTH-
D-SOUTH-
B-NORTH**

C-NORTH-

**[REDACTED] MEDICAL
[REDACTED] -MEDICAL**

D-NORTH-

**[REDACTED] PHYSICAL
[REDACTED] A.-MEDICAL**

MEDICAL REVIEW:

[REDACTED] -LABS



DR. ABDIAS ETIENNE

12/15/25

DATE

- DR. ETIENNE CLINIC 12/29/25

B-SOUTH-

C-SOUTH-

[REDACTED]-PHYSICAL

D-SOUTH-

[REDACTED]-PHYSICAL

B-NORTH

C-NORTH-

D-NORTH-

MEDICAL REVIEW:

[REDACTED]-LABS

[REDACTED] X-X-RAYS

[REDACTED]-X-RAY RIGHT HAND



DR. ABDIAS ETIENNE



DATE



Purchase Order COUNTY OF HIDALGO

PO# 902751

DATE: 09/04/2025

PAGE: 1 Of 1

PO TYPE:

VENDOR: 494097

REQ: 00524089

PHONE: (917)207-6110

EMAIL: dimitrieti@msn.com

BUYER: JUVENILE PROBATION PO

SHIP TO: JUVENILE PROBATION DEPT.

1001 N. DOOLITTLE, PO BOX 267
EDINBURG TX 78539

ETIENNE, ABDIAS D.
7401 N 4TH STREET
MCALLEN TX 78504

VENDOR ACCOUNT:

CONTACT: BTIJERINA

(956)587-6200

SITE: JUVENILE PROBATION

CONTRACT: C-25-0038B-02-06

SPECIAL INSTRUCTIONS:

VENDOR NOTES

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
4.00	MONTH	DO NOT DUPLICATE ORDER C-25-0038B-02-06 TERM: 3/1/25-2/28/27 APPROVED BY BOARD OF JUDGES: 2/6/2025 FOR SEPTEMBER 1, 2025 TO DECEMBER 31, 2025 CC MONTHLY FEES FOR MEDICAL SERVICES AT THE JUVENILE DETENTION FACILITY \$4,000 P/M	4,000.0000	16,000.00
		TOTAL:		16,000.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		***** For Hidalgo County use only		
		5-1100-423-79-330-001-6-331		16,000.00

Authorized by: Ignacio Amigosa