

[Doctor's Certificate]

Date: [7/1/1997]

To Whom It May Concern,

This is to certify that Mr. David Sameh has completed his medical education and training with distinction. He has acquired the necessary qualifications and licenses to practice medicine effectively and ethically.

Mr. Sameh has undergone comprehensive academic and clinical training, including medical school education and residency programs. He has demonstrated a deep understanding of medical principles and has shown proficiency in diagnosing and treating various medical conditions.

Mr. David Sameh is duly authorized and qualified to practice medicine and provide healthcare services to patients.

Should you require any further information regarding Mr. Sameh's credentials or qualifications, please feel free to contact me at the provided contact details.

Sincerely,

[Doctor's Name]

[Doctor's Title/Position]

[Doctor's Contact Information]

