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MEDICAL CERTIFICATE - DIAGNOSIS CONFIRMATION

Patient: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

I, Dr. [Doctor's Full Name], a general practitioner, hereby confirm that the patient, [Patient's Full Name], sought medical attention at our medical clinic with complaints of symptoms consistent with [Diagnosis].

The patient's condition was assessed through clinical examination and necessary laboratory tests.

The symptoms observed in the patient include: [Symptoms]

The following medical measures have been recommended to the patient: [Medicine]

The patient has also been advised to seek medical assistance if symptoms worsen or new problems arise.

This certificate is issued solely for the purpose of providing information about the patient's condition, [Patient's Full Name], and is for informational purposes only.

Sincerely,

[Doctor's Full Name]

[Doctor's Designation]

[Date]