

# **LEGAL / MEDICO-LEGAL CASE (MLC) WOUND**

## **CERTIFICATE FORMAT**

**Hospital Name & Address:** Sunshine Medical Center Main Branch, 456 Park Avenue

**MLC No.:** MLC-2025-0001                           **Police Station:** jd c

**Date & Time of Examination:** 12/12/2025, 11:17:50

### **Patient Details**

**Name:** sdc scsc                                   **Age:** 11   **Gender:** Male

**Address:** .....

**Brought by:** jv,

### **History (As alleged)**

**Date & Time of Incident:** .....

**Alleged Cause/Weapon:** .....

jgvj

### **Examination Findings**

### **Opinion**

**Nature of Injuries:** Dangerous to Life

**Danger to Life:** No

**Age of Injuries:** .....

**Treatment Given:**

**Remarks:**

**Dr. doc 1**

Signature &amp; Hospital Seal

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## **POLICE-USE WOUND CERTIFICATE FORMAT**

**Police Station:** jd c

**Patient Name:** sdc scsc

**Injuries Certified**

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**Opinion for Investigation**

**Nature of Injuries:** Dangerous to Life

**Weapon Used:**

**Whether injuries possible as alleged:** Yes / No

**Dr. doc 1**

Signature & Seal