

Patient Name: Mrs ANWERSHA MRN: 69482 Date: 21/08/23Sex: ☐ M ☐ F ☐ OAge (Yrs): 31 Height (cm): _____ Weight (kg): _____

BP (mmhg): _____ / _____ Temp: _____ °C / _____ °F SpO2: _____ Pulse: _____

Doctor's Name

MEDICAL CERTIFICATE

I am to certify that Mrs Anwersha is a 22 weeks pregnant with severe back pain and mood changes, requiring treatment. She is advised to avoid travel.

[Signature]
Dr. Teena Thomas

MBBS MRCOG

KMC 93506

Dtd 21/08/23

Telerad RxDx Healthcare Pvt. Ltd.
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Signature

