

Reference No: \_\_\_\_\_

Issue Date: \_\_\_\_\_

**Dr.Patil's Navajeevana ayurveda chikitsa kendra**

Veerapura ,Raichur

Contact: +91 9535261996 | healthyayurveda.patil@gmail.com

**MEDICAL CERTIFICATE**

This is to certify that patient Mr./Ms. , aged about years, was diagnosed as , and was under my treatment from to . He/She required rest for days from to , so concerned authorities do need full.

Thanking you

Signature & Seal

Registration No:

**Dr.Patil's Navajeevana Chikitsa Kendra**

Dr.Patil's Navajeevana Chikitsa Kendra Veerapura

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