

SURAT ISTIRAHAT SAKIT

MEDICAL LEAVE CERTIFICATE

This is to certify that : Nama Name		nna		
Tanggal Lahir Date of Birth	8-01-74		No. MR	2526 39
Perlu istirahat dari Sick leave from	:	21/7-4	s/d	23/9-27
Dirawat di Rumah	Sakit dari:		s/d to	
				7 hd 21-/ 7- 20.21 RS K 7 2 P 1/ P. 1 6 H
Asli: Pasien Copy: Medical Recol	rd			Tanda tangan dan nama dokter pemeriksa Doctor's signature and name SHAMA 1605.51/0