

عيادة مهنا بن سعيد بن مهنا العميري

Muhanna Bin Said Bin Muhanna Al-Omairi Clinic

Tel. GSM 99755870
P.O Box 285 Nizwa
Cod .611
Sultanate of Oman
C.R 5006244 Bahla
Email: msayoda@hotmail.com



هاتف : ٩٩٧٥٥٨٧٠
ص.ب : ٢٨٥ نزوى
الرمز البريدي : ٦١١
سلطنة عمان
س.ت : ٥٠٠٦٢٤٤ بهلاء
البريد الالكتروني : msayoda@hotmail.com

Certificate of Sick Leave for a Patient Attending in OPD

Date of Issue: ...13/.10...../ 22 /

Patient Details:

Patients Name: MOHAMED HUESHEL ALSHUELI.....

Patient Age: 41YR..... Gender: ...M....

Job & Place of Work: UTAS.....

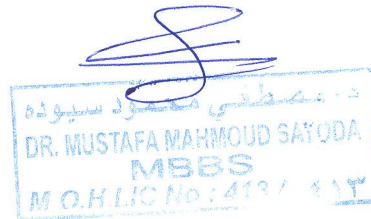
Clinic No. : ...213.....

Date/Time of Attendance: ...13.../...10.../...22..... from time:8AM... to `0AM....

((This is to certify that the above mentioned patient was examined and treated as outpatient and found to suffice...SEVER PHARINGITS.....

This is to certify that the patient is
authorized to get sick leave for ONE
days from/ 13 / 10 / 22 /to 13
/ 10 / 22 /

Name of doctor dr MUSTAFA MAHMOUD
SAYOUDA STAMP



Name of clinic MOHANA CLINIC
STAMP

عيادة مهنا بن سعيد العميري
ولاية بهلاء
MOHANA AL-OMAIRI CLINIC
L.P. 213

