

عيادة مهنا بن سعيد بن مهنا العميري

Muhanna Bin Said Bin Muhanna Al-Omairi Clinic

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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: /....12.../ 3 / 23 /

Patient Details:

Patients Name:....MOHAMED HUESHEL ALSHUELI.....

Patient Age: 42YR.....

Gender:M....

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

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

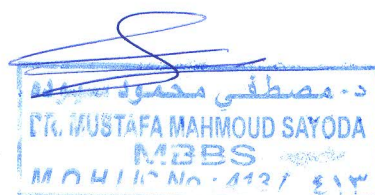
Date/Time of Attendance: 12.../...3.../ 23 .../ from time 8AMto TIME 10AMAM

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

.....PHARINGITS.....

This is to certify that the patient is
authorized to get sick leave for TWO
days from /12 / 3 / 23 / to/ 13 /
/ 3 /23

Name of doctor dr MUSTAFA MAHMOUD
SAYOUDA STAMP



Name of clinic MOHANA CLINIC VBAHLA/ALHABI
STAMP

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ولاية بهلاء
MOHANA AL OMAIRI CLINIC
L.P. 213

