



Leave Certificate

Date : 04-DEC-22
Name of Patient : Alaya Ali Saleh Al Aamri
Age : 33 Year(s) Sex : Female
Patient Id. : 116069
Department : DENTAL
Unit : DENTAL

This is to Certify that ALAYA ALI SALEH AL AAMRI(#116069 - . - .) was examined / treated by me/my department and found to suffer from . She attended the clinic as an Out Patient on 04/12/2022.

She is authorised to get the sick leave on 04/12/2022.

To be countersigned by medical office in-charge or his deputy or the concerned consultant, if leave exceeds 3 days.

HOSPITAL STAMP



MANAR YOUSUF MOHAMED AL YAHYA

Manar 70981

Signature and Rubber Stamp of Doctor

* This certificate is not valid without the HOSPITAL STAMP.