

**BADR AL SAMAA HOSPITAL NIZWA LLC**

P.O Box:1116, Postal Code:611 , NIZWA

Sultanate of Oman

Phone: +968 25447776

Fax: +968 25447772

**Sick Leave Certificate**

Date Of Issue: 25/05/2021

REF No: 0405138

Name of the Patient	Designation/Place of Work	File No.	Resident Card	DOB
RAJ KUMAR PATRO	CASH PATIENTS	3164622	100994513	16/01/1970

This is to certify that the above mentioned person was examined/treated by me and found to suffer from **K61.0 Anal abscess** as an Out Patient on **25/05/2021**

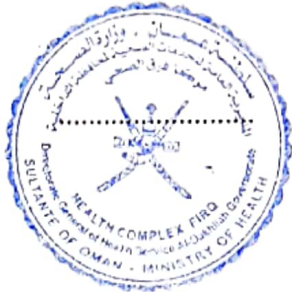
He/She is authorized sick leave from **18/05/2021** to **20/05/2021** for **3** days.

Remarks :

To be countersigned by Consultant if sick leave exceeds THREE days.

This certificate is not valid without doctor's signature and stamp of Clinic/Polyclinic/Hospital

Patient Signature



Doctor's Signature with seal



Dr. DAMODAR M PRABHU  
MBBS.MD (INTERNAL  
MEDICINE)  
MOH # 9748.....

DR. DAMODAR M PRABHU  
INTERNAL MEDICINE

Office seal

Countersigned by Directorate of Private Health Establishment, Affairs

<http://192.168.23.2/SickLeacePrintOut.aspx?PhNo=4398436&PatientId=3164622&IpNo=0> 25/05/2021